





YALE COLLEGE LIBRARY



*Bequest of  
Prof David P. Smith, M.D.*

36

1881

YALE  
MEDICAL LIBRARY



HISTORICAL  
LIBRARY









Digitized by the Internet Archive  
in 2014



TWENTY-SIX WEEKLY NUMBERS.—FEBRUARY TO AUGUST, 1847.

---

THE  
BOSTON  
MEDICAL AND SURGICAL  
JOURNAL.

EDITED BY J. V. C. SMITH, M.D.

---

VOLUME XXXVI.

---

**Boston:**  
DAVID CLAPP, PROPRIETOR AND PUBLISHER.

CORNER OF WASHINGTON AND FRANKLIN STREETS.

1847.



THE NEW YORK PUBLIC LIBRARY

THE

BOSTON

MEDICAL AND SURGICAL

JOURNAL

WILD  
MEDICAL  
HISTORICAL  
LIBRARY



710

B716

636

VOLUME XXVII

1911

WILD MEDICAL HISTORICAL LIBRARY

1911

1911

## INDEX TO THE THIRTY-SIXTH VOLUME.

---

- Abscess, of the eye, 356; psoas, 446  
 Acidity of the stomach, 31  
 Aconitum napellus, 29  
 Adams, Dr. E. Medicinal preparations, 500  
 Adjuster, Surgical, Jarvis's, 145, 351  
 After pains, alleged mode of preventing, 85  
 Albany, medical jubilee dinner in, 224; Medical College of, 265  
 Alcohol, test for water in, 528  
 Allen, Dr. J. A. Inhalation of sulphuric ether, 116; biographical sketch of Dr. W. C. Warner, 349  
 Aloes, in dyspepsia, 30  
 Amenorrhœa, 31; treatment of, 408  
 Anderson, Dr. A. W. Hair extracted from an ulcer, 74  
 Animal substances, new process for preserving, 216  
 Anus, imperforate, 520  
 Apothecary Doctors, 57  
 Appendix vermiformis, perforation of the, 461  
 Arkansas, hot springs in, 485  
 Armies, medical statistics of, 448  
 Army, U. S., medical appointments in, 148, 426; diseases of, in Mexico, 309  
 Arsenic, poisoning by, successfully treated, 398  
 Artesian well, in Charleston, S. C., 528  
 Artificial limbs, 304  
 Asphyxia of new-born infants, 348  
 Bannister, Dr. C. Foreign substance in the trachea, 142  
 Baths, medicated, 444  
 Beer, on the use of, 220  
 Bell's (Dr. J.) Medical Library and Bulletin, 86  
 Bemis, Dr. J. W. Inhalation of ether in labor, 497  
 Bemis, Dr. M. Remarkable case of dropsy, 453  
 Bethune, Dr. G. A. Malignant ophthalmic disease, 509  
 Bichat, monument to, 487  
 Bigelow, Dr. J. Remarks at Mass. Med. Society anniversary, 384  
 Bile, effects of mercury on the, 69  
 Biography, medical, neglect of, 283, 399  
 Births and deaths in England, 488  
 Bismuth, in gastrodynia, 70  
 Black person, changed to white, 486  
 Bladder, congenital inversion of the, 165  
 Blind, Perkins Institution for the, 223  
 Blisters, in certain forms of dyspepsia, 70  
 Bloomingdale Asylum for the Insane, 84  
 Books, medical, 245, 388, 486  
 Boston, report of deaths in, weekly; new Medical School in, 64, 146; Society for Medical Improvement, 84; close of medical lectures, 123, 162, 180; Lying-In Hospital, 204; Children's Infirmary, 204  
 Bostwick's (Dr.) pamphlet on medical quackery, 225  
 Botany, medical, illustrations of, 425  
 Boylston Medical Society, 84; medical school, 146, 174, 266  
 Brain, softening of the, 41  
 Braithwait's Retrospect, 86  
 Bread, proper kinds in dyspepsia, 72, 219  
 Bromine in dyspepsia, 221  
 Bronchitis, Dr. Green's work on, 18, 33, 78, 113, 125, 176, 253, 319, 343, 346  
 Brooks, Dr. John. Cases commenced by Thomsonians, 13; on the treatment of tetanus, 434  
 Brown, Dr. B., on the pathological and physiological effects of ethereal inhalation, 369  
 Bryant, Dr. H. Inhalation of ether in Paris, 389

- Buchanan's (Dr. J. R.) Introductory Lecture, 104
- Cacao, use of in dyspepsia, 222
- Cæcum, accumulations in the, 222
- Cajeput oil as a remedial agent, 440
- Calumba, properties of, 269
- Camphor, injurious effects of, 48; poisoning by, 368
- Canada, the medical profession in, 264; union of two medical schools in Montreal, 488
- Cardialgia, 269
- Carotid artery, ligature of the, 449
- Carson's (Dr. J.) Illustrations of medical botany, 425
- Castleton Medical College, 187, 346
- Castor oil, new methods for using, 185
- Cataract needle, new, 490
- Cathartics in dyspepsia, 270, 301
- Cauliflower excrescence, cases of, 470
- Cautic, abuse of in stricture of urethra, 359
- Channing, Dr. W. The late Dr. John Revere, 292; inhalation of ether in instrumental labor, 313, 335, 366, 415; cases of organic diseases of the womb, 469
- Chemistry, in medical schools, 365
- Chicago hospital, 338
- Chinese physiology, 205
- Chlorosis, remarks on, 302; treatment of, 428
- Chorea, nature and treatment of, 303
- Chrono-thermal facts, &c. 244; system of medicine, 424
- Chyme, nature of the, 304
- Cinchona, use of in dyspepsia, 329
- Circulars, professional, 74, 121
- Clarke's (Dr. E. H.) Introductory Lecture, 174
- Clendinen, Dr. W. A. Translations from Prof. Desmarres, 49, 108, 272, 356
- Coffee, its use in dyspepsia, 330
- Colchicum, the properties and uses of, 331
- Cold, as a therapeutic agent in dyspepsia, 332
- Colic, treatment of, 391
- Colocynth, in dyspepsia, 412
- Colon, diseases of the, 413
- Comstock, Dr. W. W., on the ether controversy, 481
- Condie's (Dr. D. F.) Treatise on Diseases of Children, 286
- Condiments, use of, 455
- Congestion, sudden and fatal case of, 337; of the ventriculo-intestinal mucous membrane, 457
- Conium, as a remedy, 458
- Connecticut, Medical Society of, 285, 405; medical legislation in, 346; sale of patent medicines in, 426
- Constipation in dyspepsia, 222
- Consumption, singular method of treating, 345
- Cook, Dr. H. Case of nasal calculus, 341
- Coolidge, Dr. V. P. Internal strangulation of the ileum, 339
- Copland's Medical Dictionary, 386
- Cornea, conical, curable, 289
- Cross's (Dr. J. Q.) Appeal, 184
- Croton oil, in pulmonary diseases, 268; use of in dyspepsia, 271
- Darrach's (Dr. W.) Introductory Lecture, 29
- Delaware, Medical Society of, 506
- Delirium tremens, inhalation of ether in, 518
- Dental Surgery, Baltimore College of, 147
- Dental Intelligencer, the, 204
- Dental education in Baltimore, 235
- Dentistry, bad, reported death by, 465, 501
- Desmarres's (Prof.) Treatise on Diseases of the Eyes, 49, 108, 272, 356
- Detmold's (Dr.) weekly clinique, 267
- Diarrhœa, chronic, nitrate of silver injections in, 347
- Dislocation of small joints, new instrument for extension, 328; of the ulna, 477
- Dissections, death from punctures in, 387
- Dix, Dr. J. H. Conical cornea curable, 289
- Dixon, Dr. E. H. Strictures of the urethra, 15, 119, 359; his essay on woman and her diseases, 65; irritable urethra, 255; operations on the eye, 490
- Doctors, a place destitute of, 487
- Dow, Dr. J. R. Retention of urine after labor, 214
- Dropsy, remarkable case of, 146, 453
- Dyspepsia, Dr. Dick on the treatment of, 29, 69, 219, 269, 301, 329, 391, 455
- Eclectic Medical Review, 366; medical institute, 486, 527
- Education, medical, 213, 230; preliminary, 246
- Elaterium, properties of, 271
- Elephantiasis scroti, 524
- Ellsworth, Dr. P. W. Wound of the palmar arch, 169
- Empiricism, the latest form of, 189
- Empyema, case of, 460
- Epicanthus, remarks on, 49, 108
- Ether, inhalation of, in London, 26, 47, 88, 96, 268; in Rutland Co. Vt., 40; reduction of dislocation, and amputation, by Dr. Stedman, 62; Cæsarean operation, 97; applied to veterinary science, 98; in Paris, 109, 172, 389; cases and remarks by Dr. Allen, 116; in New York, 126; application of the actual cautery, 127; in Montreal, 148; nineteen cases by Dr. J. Mason Warren, 149; in insanity and obstetrics, 172; Dr. C. T. Jackson's remarks, 180; intoxication produced by, 183; Dr. Collyer's claims as



- discoverer, 187; Jackson and Morton's specification, as patentees, 194; directions, &c. by Dr. N. C. Keep, 199; in the passage of gravel, 205; in a case of labor, 226; in Georgia, 238; in Canada, 228; Dr. Hayward's account of its first use, 229; Dr. H. Wells's claim as discoverer, 243; 298; 421; Mr. Warren's notice of Dr. Wells's claim, 260, 322; in Europe, 266; best method of, 288; the discovery of, 297, 333; in instrumental and difficult labor, by Dr. Channing, 313, 335, 415, 466; Sir H. Davy on the use of nitrous oxide, 348; Dr. Channing on the use of the sponge, 366; application of to medical jurisprudence, 367; Dr. B. Brown on its pathological and physiological effects, 369, 465; experiments by Dr. Nelson, 401; controversy respecting the discovery, 403; Dr. J. B. S. Jackson's review of Dr. Gay's pamphlet, 429, 442; proposed substitute for, 448; proposed recompense to discoverers, 448; Dr. Bigelow's suggestions respecting discoverers, 464; at Vera Cruz, 466; trial in tetanus, 468; Dr. Comstock's remarks on Dr. Jackson's review, 481; Dr. Marcy's vindication of Dr. Wells, 495; Dr. Bemis's use of in labor, 497; note from Dr. Edward Warren, 506; successful use in delirium tremens, 518; Mr. Warren's remarks on Dr. J. B. S. Jackson's review, 520; Dr. Parmly's remarks on, 48
- Ethereal tincture of opium, inhalation of, 281, 406
- Eye, diseases of the, 49, 108, 272, 289, 356, 490, 509; injury of the, 468
- Famine in Ireland, the, 248
- Feet, the book of the, 236
- Fisher, Dr. F. W. Ether inhalation in Paris, 109, 172; death of M. Lisfranc, 386; the nature and treatment of sea sickness, 513
- Fistula, vesico-vaginal, 397
- Flagg, Dr. J. F. Amalgams for filling teeth, 501
- Florida, retreat for invalids in, 452, 467
- Forbes, Dr. of London, 25
- Foreign exchange journals, 365
- Fossil remains in Alabama, 406
- Foster, P. Cold water in the treatment of hernia, 242
- Fracture, of the humerus, 477
- Fractured bones, speedy union of, 198
- France, quackery in the last century, 9; medical reform in, 484
- Francis's (Dr. J. W.) Discourse, 106
- Galt's (Dr. J. M.) treatise on insanity, 60
- Geneva Medical College, 47
- Gillette, Dr. H. C. Reply to Dr. Reed, 51
- Griffith's (Dr. R. E.) Medical Botany, 364
- Hall, Dr. Charles. Fatal case of laryngitis, 489
- Hampden Sidney College, 486
- Hand-Book of Anatomy, 46
- Hartford Retreat for the Insane, 326, 385
- Harvard University—Dr. Warren's resignation, 208
- Hawley, Dr. R. Speedy union of fractured bones, 198
- Hayward, Dr. G. First use of sulphuric ether in surgery, 229; ligature of the carotid artery, 449
- Head, extraordinary enlargement of, 441, 523
- Health, excursion, coastwise, 442; of the season, 463
- Heart, rupture of left ventricle, 68
- Heaton, Dr. G. Irreducible hernia, 239
- Hepatitis, epidemic, 288
- Hernia, irreducible, cases of, 239; cold water in the treatment of, 241
- Homœopathy, rejectors of, 60; American Institute of, 265, 405; Therapeutic Pocket Book, 325
- Horse, anatomy of the, 263
- Hospitals, marine and naval, 145
- Houghton, Dr. L. W. Case of imperforate anus, 520
- Hoyt's (Dr. H.) Lecture on Chemistry, 24
- Hydatids, uterine, 362
- Hydrocephalus, 523; congenital, 441
- Hydrophobia, establishment at Yellow Springs, 184; Dr. Schiefeldaker's queries, 241
- Ileum, internal strangulation of the, 339
- Indian doctors, 445
- Indiana, lunatic hospital in, 186; Medical College in, 226
- Indians, white, in Mexico, 508
- Infantile diseases, 446
- Infirmity for sick children, 65
- Inhalation, use of medicine by, 468
- Insanity, treatment of, 60
- Intoxication, ethereal, 183
- Irish, fecundity of the, 426
- Jackson, Dr. C. T. Remarks at the close of lecture term, 180
- Jackson, Dr. J. B. S. Review of Dr. Gay's statement, &c. 429
- Jarvis, Dr. George O. The surgical adjuvant, 351
- Jefferson Medical College, 123, 235
- Jones's (Dr.) Introductory Lecture, 105
- Keep, Dr. N. C. Inhalation of ethereal vapor, 199; in a case of labor, 226
- Keratitis, 272
- Knight, Dr. A., death of, 422
- Lactation, influence of on infants, 22; protracted case of, 59
- Laryngitis, fatal case of, 489

- Lawrence on Diseases of the Eye, 325  
 Lee's (Dr. C. A.) Valedictory, 143  
 Lepers, in Rhodes, 85  
 Lexington Medical Society's prizes, 188  
 Ligature of the ulnar and radial arteries, 169; of the carotid artery, 449; of uterine polypi, 473  
 Lisfranc, death of, 386  
 Lithotomy, operations for, 185  
 Longevity, remarkable case of, 282  
 Louisville, University of, 228  
 Lowell, mortality in, 124  
 Lunatic asylum, in Ohio, 27; at Worcester, Mass., 47; in Indiana, 186; in Missouri, 187; in Virginia, 265; in Hartford, Ct., 326, 385; at Beaufort, Canada, 407  
 Magendie, M., 367  
 Malformation, case of, 88, 92  
 Mal-practice, surgical, 233, 477  
 March, Dr. A. Account of prosecutions for mal-practice, 477  
 Marcy, Dr. E. E. Inhalation of ether to prevent pain, 495  
 Married life, value of, 85  
 Massachusetts, Medical Society of, meeting of Counsellors, 43—rights of members with regard to patent medicines, 63—petition of physicians in Berkshire County and remonstrance of Society, 89—anniversary dinner of, 325—annual meeting of, 363, 384; State Lunatic Asylum, 47, 87; State Prison Medical Report, 125; Circular of the Berkshire District, 135; Medical College, 162, 167, 180; General Hospital, 201; State Record, 244; Middlesex District Medical Society, 382  
 Masturbation, 61  
 Matico, history and properties of, 122  
 Matison, Dr. H. N. Uterine hydatids, 362  
 Mattson, Dr. M. "Green on bronchitis," &c. 18, 78, 176, 318  
 May, Dr. F., obituary notice of, 249  
 McLean Asylum, the, 201  
 Medicinal preparations, 500  
 Mercury as a remedy, 101  
 Mesmerism, new exposure of, 65  
 Michigan, medical school in, 186  
 Milk, a purgative, 368  
 Miller, Dr. T. The late Dr. Frederick May, 249  
 Miscellany, Medical, 28, 68, 87, 128, 188, 208, 227, 247, 287, 308, 327, 347, 367, 387, 407, 427, 447, 467, 487, 507  
 Missouri, diseases of Lewis Co., 42; lunatic asylum in, 187  
 Monstrosity, case of, 296  
 Montreal General Hospital, 407  
 Morbus coxarius, 446  
 Morse, Dr. J. Meeting of Orange County Medical Society, 455  
 Mortality, in Lowell, 124; in London, 208, 488; among the blind, 223  
 Moxa, modification of the, 428  
 Nasal calculus, case of, 341  
 National Medical Convention, 28, 66, 185, 227, 246, 266, 305, 323, 324, 344, 504  
 Navy, U. S., medical promotions in the, 308  
 Neuralgia, visceral, 295  
 New Hampshire, Medical Association, 183  
 Newman's (Dr. J. B.) Illustrated Flora, 68  
 New Orleans, population of, 368  
 New York, private surgical instruction in, 26; Hospital of, 67, 125; close of medical lectures, 107; Lunatic Asylum, 108; the medical profession in, 126; Genesee County Medical Society, 144; commencement at medical schools, 166; Academy of Medicine, 188; Dr. Detmold's weekly clinique, 267; medical appointment in, 346; transactions of State Society, 423; University of, 486; public charities in, 526  
 Nims, Dr. D. B. Case of monstrosity, 296  
 North, Dr. M. L. Accommodations at Saratoga Springs, 482  
 Nurse's Assistant, the, 234  
 Occupation, influence of on life, 44  
 Ohio, Lunatic Asylum of, 27; Medical Convention, 385; Medical School at Cleveland, 88; Medical School at Columbus, 125, 348  
 Ophthalmic medicine and surgery, 64  
 Opium, cold water in over doses of, 258  
 Orthopedic institution in Boston, 224  
 Paine's (Dr. M.) Institutes of Medicine, 225, 324  
 Pancoast's (Dr. J.) Surgery, 525  
 Parkman, Dr. Geo. Remarks at close of medical lectures, 164  
 Parmly, Dr. E. Dental education in Baltimore, 235  
 Patent medicines, in Massachusetts, 63; in Maine, 65  
 Pennsylvania, Hospital for the Insane, 105; College, 286; Hospital, 364  
 Peritonitis, case of, 461  
 Pestilences in Europe, 76  
 Petit, Dr. F. H. Cold water in over doses of opium, 258  
 Pharmacy, American Journal of, 345  
 Philadelphia Medical Institute, 36; College of Medicine, 86, 148, 168, 527; Association for Medical Instruction, 184; transactions of College of Physicians, 345; Obstetric Institute, 345; effects of introducing water in, 411  
 Physicians, duties of, 378, 498  
 Pill, the Boston, 245  
 Poisoning by camphor, 368; by percussion caps, 388; by arsenic, 398



- Polypus, vomited from the stomach, 66, 137; of uterus, removed by ligature, 473
- Pregnancy, peritoneal, in a cat, 342
- Preston, Dr. J. A. Cajepout oil as a remedial agent, 440
- Professors, medical, election by concours, 182
- Profits of medical practice, 203
- Pulmonary diseases, use of croton oil in, 265
- Quackery, in France in last century, 9; lady abettors of, 128; in New York, 225; new form, 383
- Quinine, taken in coffee, 463
- Ranking's Abstract of the Medical Sciences, 64
- Reese, Dr. D. M. Dr. Green's book, 33, 113, 253, 346
- Reform, medical, a new plan of, 37; proposed plan of, 56; remarks on, 212
- Reform, dental, society for, 59
- Revere, the late Dr. John, 292, 326
- Rhode Island, medical prize questions, 506; Medical Society of, 506
- Rice, raw, death caused by eating, 408
- Roxbury, proposed hospital in, 184
- Royle's (Dr. J. F.) *Materia Medica*, 45
- Rupture of vagina in labor, 181; of the umbilical cord, 276; of the vagina, 276
- Ruschenberger, Dr. on the matico, 122
- Rust, Dr. W. Visceral neuralgia, 295
- Sanborn, Dr. T. Hardship and longevity, 282
- Santonine as an anthelmintic, 427
- Saratoga Springs, accommodations at, 482
- Scarlet fever, ulcerations after, 207
- Schieferdaker, Dr. C. Foreign medical honors, 241
- Schools, medical, multiplication of, 123
- Schools, children's chairs for, 244
- Sciences, progress of the, 343
- Scurvy, importation of, 506
- Sea serpent, structure of the, 168
- Sea sickness, nature and treatment of, 513
- Sermon to physicians, 378; remarks on the same, 498
- Ship fever, 103, 402, 420; in Canada, 446, 503
- Sinkler, Dr. S. D., death of, 327
- Smilie, Dr. E. R. Inhalation of ethereal tincture of opium, 281
- Smith, Dr. I. P. Case of protracted lactation, 59
- Smith's (Prof. J. M.) Introductory Lecture, 75
- Soap, crystallized medicated, 285
- Soda, chloride of, as a disinfecting agent, 466
- Spasms of the body, universal, 242
- Spear, Dr. W. A. Polypus vomited from the stomach, 137
- Spirometer, use of in disease, 66, 436
- Splints, Goodwin's, 485
- Stedman, Dr. C. H. Reduction of dislocation, &c. 62
- Stethoscope, the, 248
- Stevens's (Dr. A. H.) Address, 225
- Stomach, strange substance vomited from the, 66, 137
- Stone, Dr. A. Diseases of the West, 129; sudden and fatal case of congestion, 337
- Strictures, of the urethra, 15, 119
- Starkevaut's (Rev. T. D.) treatise on chrono-thermalism, 424
- Strychnine, death by, 209; influence of on urinary organs, 428
- Swedenborg's scientific tracts, 144
- Syphilis infantum, 22
- Teeth, decayed, preservation of, 404; amalgams for filling, 501
- Tetanus, the treatment of, 434, 468, 523
- Texas, medical topography of, 309
- Thayer, Dr. W. H. Peritoneal pregnancy in a cat, 342
- Thomsonians, cases commenced by, 13
- Toothache, remedy for, 247
- Trachea, foreign substance in the, 142
- Tracheotomy, by M. Trousseau, 66
- Transylvania Medical College, 185
- Tremont street Medical School, 443
- Triplets, and malformation, 88
- Tumors, ovarian, 474
- Typhus, treatment of, 51; proposed disinfecting agent in, 483
- Ulcer, hair extracted from an, 74
- Ulcerations of neck after scarlet fever, 207
- Umbilical cord, rupture of the, 276
- Upham, Dr. J. B. Delirium tremens treated by inhalation of ether, 518
- Urethra, on strictures of the, 15, 119; irritable, observations on, 255; treatment of, 359
- Urinary organs, influence of strychnine on, 428
- Urine, retention of after labor, 214; sugar in the, 428
- Uroscopian practice, remarks on the, 189, 406
- Uterine polypi, removal of, 473
- Uva ursi, properties of, 395
- Vade Mecum, Medical Students', 426
- Vagina, rupture of the, 181, 276
- Velpeau's Operative Surgery, 104
- Venery, excessive, 41
- Ventilation of school houses, 128
- Vera Cruz, surgery at, 466; means of preserving health at, 484
- Veratria, use of, 271
- Vermont, Orange County Medical Society, 455



- Virginia, medical convention of, 23 ;  
 Eastern Asylum of, 265 ; mineral springs  
 of, 423 ; Eclectic Medical Institute in,  
 486
- Ware, Dr. John. Ether in the passage of  
 gravel, 205
- Warner, Dr. W. C., report of the case of,  
 209 ; biographical sketch of, 349
- Warner, Professor, death of, 326
- Warren, Dr. Edward. Note to the editor,  
 506
- Warren, Edward. The letheon and Dr.  
 Wells, 260 ; remarks on Dr. Jackson's  
 review, &c. 520
- Warren, Dr. John C. Valedictory to the  
 medical school, 138, 162 ; his resigna-  
 tion, 106, 208
- Warren, Dr. J. M. Inhalation of ether,  
 149
- Warrington's (Dr. J.) Circular on Obste-  
 trics, 345
- Washington Medical Institute, 618
- Water, cold, in hernia, 242 ; in over doses  
 of opium, 258 ; importance of in large  
 cities, 409
- Wells, Dr. H. The discovery of ethereal  
 inhalation, 298 ; his pamphlet on the  
 same, 243 ; letter from, 421
- West, the diseases of the, 129
- Willard, Dr. A. Extraordinary enlarge-  
 ment of the head, 523
- Willoughby Medical College, 108, 186
- Wilson's System of Human Anatomy, 325
- Wisconsin Medical Convention, 88
- Womb, organic diseases of the, 469
- Wood's (Dr. G. B.) Practice of Medicine,  
 444, 525
- Workman, Dr. W. Report of cases, 276
- Wound of the palmar arch, 169
- Wurdemann, Dr. F. Retreat for invalids  
 in Florida, 452
- Yale College, medical graduates, 46

# THE BOSTON MEDICAL AND SURGICAL JOURNAL.

VOL. XXXVI.

WEDNESDAY, FEBRUARY 3, 1847.

No. 1.

## QUACKERY IN FRANCE IN THE LAST CENTURY.

To the Editor of the Boston Medical and Surgical Journal.

DEAR SIR,—To show that things are not very different now from what they were in the last century, I give the following translation of the concluding pages of one of the lectures of Dionis. X.

Speaking of boasters, I will tell you of some who have figured in my time. Besides those I have already mentioned, there are still some ten or a dozen whose portraits I will draw.

Caretto deserves to be mentioned first, because he called himself a Marquis. He was an Italian, who proclaimed a remedy as having marvellous efficacy, and sold it at ten louis d'or the drop. He wished to prescribe for the Dauphiness, and undertook the treatment of Marshal Lunembourg, then laboring of an inflammation of the chest, of which at last he died. Caretto forbade bleeding in his case, but by administering a preparation of poppies he calmed the agitation of his patient for some hours, and made the bystanders think that a statue of gold should be erected to him. Death, however, supervening, changed their opinion, and he lost the great reputation acquired for him by a number of courtiers who patronized him.

Two Capuchins made their appearance here, and caused it to be reported to the King that they had brought from foreign lands certain secret preparations unknown to others. The King lodged them at the Louvre, and gave them 500 livres a year for manufacturing their remedies. The novelty of the thing attracted all Paris. They dispensed large quantities of their drugs, but no miracles followed their use. After a while they entered the Monastery at Cluny. One, who called himself Abbé Rousseau, courageously preferred death rather than be bled, because he had always advised against bleeding. The other, Abbé Aignau, had the reputation of possessing an excellent remedy against smallpox, which would either hinder the pustules coming or prevent their leaving a mark. His remedy at first was taken by very many, merely for fear of the disease; however, after five months, ten persons of quality who were attacked, used it. One of them, the Duke de Roquelaire, lived through the attack; the other, the Prince d'Epinoÿ, died, though both had followed the Abbé's directions with the greatest care.

A cattle doctor of Seignelay, in Burgundy, pretended to discover all diseases by inspection of the urine. Phials were sent to him from all

quarters, particularly from Paris, and many fees. He gave such opinions as he judged best; and as fortune-tellers, after looking at the hands, often say true things, amidst all he said were some truths. It was only necessary that he should be sometimes correct, to be considered an oracle. I saw him at Paris, whence he returned not much pleased with the Parisians. After his visit here, but little urine came to him. By degrees the people forgot the way, and, like the Parisians, stopped sending to him, and for some years past nothing has been heard of him.

Father Guiton, a Franciscan, learned from a book on chemistry to manufacture drugs. The Superior of the order permitted him to sell them and keep the profits, provided he furnished what might be wanted for the Convent, free of cost. Having tact and some boldness, he made friends, who assisted him to enter the order of Cluni, and in a little while he became an Abbé. Prince D'Isenghen and many others tried his remedies, but with what success no one knows. He continues to practise medicine about Paris, under the name of Abbé Guiton.

An apothecary of Avignon appeared some years since in Paris, with a newly invented pastile. It was a secret that ought to make his fortune, he said, as there was no disease that would not yield to its influence. He had granted to him the privilege of disposing of it. It was distributed throughout all Paris, and at first sold at 5 sols a pastile. But as they were composed of a little sugar incorporated with a grain of arsenic, one of the most powerful poisons we have, the effects were very serious upon many, the more so on account of carelessness in incorporating the ingredients—the arsenic being so imperfectly distributed, that whilst one pastile had very little in it, another might contain ten grains or more. Those who got the former were but little incommoded; whilst those who got the latter were well nigh poisoned, and very fortunate if affected no farther than to vomit blood. These dangerous effects have undeceived the public, who have ceased both to buy and to take the pastiles.

Frere Ange, a Capuchin of the Convent of the Faubourg St. Jaques, had been an apothecary's boy, whose knowledge only enabled him to compound certain remedies, and particularly a syrup which he called mesenteric, and which he administered to all who applied to him. He claimed for this syrup the merit of purging away only those humors which ought to be gotten rid of. He also had a vegetable salt which he extolled above all other remedies. He was an honest man, who said what he did in good faith, for he fully believed all he said. With these remedies he was considered very skilful in his Faubourg, whence his reputation extended to Paris, and at last to the court, where the Dauphiness, who had been told of their excellence, and who was indisposed, wanted to see him. He did not hesitate to tell the physicians of what his medicines were composed, and they did not oppose the determination of the Dauphiness to use them. She tried them for five days, and finding no relief, she put many questions to the Frere, which disconcerted him, and he was dismissed. He at last returned to his Convent, much mortified that the Dauphiness should have had so little confidence in remedies which had such excellent reputation in that neighborhood.



Abbé de Belzé, a priest of Normandy, was advised to call himself a physician. He was introduced by Marshal de Bellefons to the Dauphiness. He purged her twenty-two times in two months, and did this at those periods when such treatment should be avoided by females. He played the apothecary as well as physician. He consulted no one, and, at the end of four months, left her, worse than when he commenced treating her. His fee at leaving her was five hundred pistoles. Mmle. Besola and Mmle. Patrocle, ladies of the bed-chamber and confidants of the Dauphiness, with a view of flattering their mistress, tried the Abbé's remedies, and were much debilitated by them, and continued diarrhœa came on, of which they died soon after the Dauphiness.

Madame la Barriere, a midwife of Paris, was suggested to the Dauphiness, and came to see her. She applied fomentations and other remedies used by midwives, but these having excited rather than soothed, she was dismissed with two hundred pistoles.

Sieur du Cerf was an empiric (at least it was so said in Paris), who possessed a secret remedy, an oil or essence of guaiac., which would make people immortal, for, taken either internally, or rubbed on externally, any disease would forthwith disappear under its influence. One of the Almoners of the Dauphiness proposed him as a man who would certainly cure her. The Dauphin desired to see him, but after conversing with him, he advised the Dauphiness not to employ him. Nevertheless, two months afterwards, on the very day when she died, he was summoned and introduced to her. Feeling her pulse and examining the abdomen, he said he had cured persons much more ill, and by an injection containing some of his essence he would expel all the impurities with which her bowels were filled. He went to M. Riqueur's to prepare his remedy, but when he returned she was in the agonies of death, and died two hours after. He returned to Paris, saying, haughtily, that had she taken his medicine she would not have died. The public did not long profit by his rare secret, which was to make men immortal; for three months after this, showing a person to the door, he fell down his own staircase, and was so dangerously wounded that he died very soon afterwards.

"The Physician of Chaudrais" made much noise, and was much after the style of the preceding. Chaudrais is a little hamlet near Mante, containing some five or six houses. Here was found a peasant of pretty good sense, who prescribed herbs and roots to those around, according to the disease that affected them, and as they experienced benefit from his prescriptions, they gave him the title of physician, and he was only known as "the physician of Chaudrais." His reputation spread through the Province, and got to Paris, whence so many patients came to see him that houses had to be built to hold them. Those whose diseases were trifling were cured by his remedies, which only consisted of pulverized plants and dried roots; but the more obstinate and deeper-seated affections were not benefited. This concourse of patients lasted for three or four years. It gradually diminished, on account of the few benefits received, and almost imperceptibly the physician of Chaudrais sank into insignificance. We do not complain of this man; he did not pretend to

be more than he was ; he did not try to inveigle patients, or make attempts to sell his medicines ; he promised no more than he was capable of fulfilling. It was the public, prejudiced in his favor, or that unduly elevated him ; it is the public, convinced of the error, that has deserted him.

About ten years ago there appeared at Versailles a man who said he had particular secrets and purgatives that removed all diseases of whatever nature they might be. He was countenanced by many persons of quality, who lodged him at Cheni, vaunted his merits, and who spoke of him to the King in very favorable terms. This fortunate commencement brought him many patients, who were not, however, much pleased by the harshness of his remedies. What more particularly marred his reputation, a little while after, was a purgative administered to Madame Durafort, in a rheumatic pain for which she had been bled a day or two before. This lady was advanced in pregnancy, but robust looking as if she would outlive the world. The purgative caused a continual diarrhœa, with distressing pain in the abdomen and bloody stools. She passed a membrane an ell long, which, upon examination by the court surgeons, was pronounced the mucous lining of the rectum and part of the colon, separated by the violence of the remedy. She died, after having suffered like a martyr, and this put an end to his pretensions as a physician.

The Sieur Chambon, at first Surgeon in the galleys at Marseilles, afterwards practising in Poland, being in Paris, sold his remedies at a low price. Either by chance or otherwise, some persons were much relieved by him, and, believing they owed their lives to his efforts, they proclaimed everywhere the merits of their physician and the excellence of his remedies. His patients multiplied, and came to him from all quarters. In fact, he could not attend to half that came, and for at least a year his name resounded throughout Paris. But in a little while his reputation diminished, he was put into prison, and no one mentioned him.

Sieur Bouret is the last who appeared upon the stage. He came to Versailles about a year and a half ago, with a pill, the effects of which he declared were wonderful in every disease. Some persons of quality who took them, vaunted their excellence. Upon their being mentioned to M. Fagon, he said that if they were as good as they were represented to be, the King ought to purchase the secret for the public good. Bouret was presented to the King, who ordered him to tell the chief physician of the court the nature of the composition, and he should be recompensed. Fearing, however, the superior knowledge of the Court Physician, he kept the secret to himself. He repented of this a short time after, and whilst endeavoring, through the influence of his friends, to obtain another offer, he became ill at Versailles of an inflammation of his bowels. He was of a full habit, and, having a high fever, bleeding was recommended ; but refusing this, and every other remedy, he took his own pills, which so increased the inflammation that he died on the fourth day, taking his secret with him to the other world.

These are not all I could tell you of. There are several of whom I do not speak, because it would make public the intrigues and means which they used to obtain permission of the court physicians to advertise,



recommend and sell their remedies. There are quacks at all times, and particularly at the present day, and God knows an increase of their number does not help the public health. But by the faithful recital I have made of these ten or a dozen dealers in specifics, you may judge how dangerous it is for persons to put themselves into the hands of such people—who presumptuously undertake anything that comes in their way. How much better to go to the fountain—the surgeon and physician—who, devoting their lives to the study of man and the diseases he is subject to, are more capable of healing them than men who know nothing about them.

---

#### CASES COMMENCED WITH BY THOMSONIANS.

[Communicated for the Boston Med. and Surg. Journal.]

**FIRST.**—A young lady, who had become so much embittered against the allopathic practice, that she affirmed, again and again, with great earnestness, that she never would take another dose from a practitioner of that stamp, was attacked with a fever. She sent some twenty miles for a Thomsonian, remained under his treatment about three weeks, grew worse, sent for me, took a cathartic of calomel, immediately began to amend, and, by the use of one more such cathartic and a bitter infusion, soon recovered.

**Second.**—A lad, aged 11 or 12 years, was placed under Thomsonian treatment, which was continued three weeks, when I was called to take charge of him. There was some tumefaction and considerable tenderness of the abdomen, great irritation, and I at first regarded the case as of so formidable a character, that I took charge of it with great reluctance. I gave the lad an anodyne, which composed him very much in a short time. Feeling relieved of his distress, he observed that he had been sorely tormented through the whole of his sickness, and had had “thirty-seven of their plaguy pepper injections,” which, said he, “have burnt me all up.” I was soon satisfied that it was a case of worms, and administered anthelmintics. These procured the expulsion of fifty of the large round kind, and the boy became at once convalescent.

**Third.**—Two years ago last summer, I was called into a neighboring town, to a married woman just attacked with a fever. She had an unmarried sister living with her, who had been sick a week with the same disease, and had employed a Thomsonian physician. After prescribing for my patient, I was requested to give my opinion in regard to the sick girl. I at first refused; but being informed that the Thomsonian had done visiting her, calling her convalescent, and that the family thought her worse, I was induced to examine her. I found a rapid pulse (over 130 per minute), a tumid and tender abdomen, diarrhœa, mental aberration, and other alarming symptoms. I apprised the family of her dangerous state, advised them to send for her parents, who lived some thirty miles distant, and who were strongly prejudiced, as I was informed, in favor of the Thomsonian practice, and let them employ such medical



aid as they chose. The parents were sent for. In the mean time I was strongly urged to administer something for her relief. After much importunity, I did prescribe for her, apprising the family that a protracted sickness must be looked for, or a fatal termination of the disease. I had charge of the patient from this time, and had to be most assiduous in my attentions for between three and four weeks, before any decided indications of improvement took place. During most of this time, the patient kept up an incessant gabble, wanting to sing, dance, play, &c.; voided urine and feces unconsciously, or, if conscious, spoke of what she was doing in the most low and vulgar terms. She was almost constantly shifting from a cold, languid state, to one of intense heat and profuse perspiration, and no active treatment could be pursued. An occasional mild cathartic was exhibited, but most of the time cold astringent injections were required to restrain the diarrhœa. Cold water, when the skin was hot, was applied without stint; and when in the opposite state, stimulating embrocations. I should mention one other very bad symptom, which continued most of the time for two weeks after she came under my care. Although, when in health, a modest and well-informed female, she was now much disposed to obscenity, and was constantly, if not restrained, exposing her nakedness. At length she began to amend, and finally recovered her health; but she continued to be unusually talkative for many weeks. The married sister, although attacked precisely like the one mentioned, required medical attendance but a single week, and I see no reason to doubt that the difference in the two cases arose entirely from the difference of treatment in the outset.

Fourth.—A year ago last summer, I was requested to visit a middle-aged man, in the town of Guilford, Vt., who had been sick eight or ten days, and had been attended by two of the brightest Thomsonian doctors that could be obtained. They called his disease inflammation of the brain, and despaired of his recovery. I found him almost pulseless; the skin universally cold and bathed in sweat; the mouth and eyes wide open, and the latter turned upwards, with apparently deep coma. He, however, waked occasionally, and was then quite delirious. Had I not supposed that much of the prostration was owing to the medicine he had taken, I should have considered the case perfectly hopeless; and, as it was, I regarded it as nearly so. Having bargained with the friends to have the exclusive management of the case, and not to be interfered with by any one, I commenced the treatment by the exhibition of calomel, camphor and opium, once in four hours, alternately with the aid of turpentine, in tea-spoonful doses, which, after the first twenty-four hours, were given at longer intervals. An epispastic was applied to the nape of the neck, and mustard poultices to the extremities. A little warmth of the surface seemed to be excited, by the second day, which gradually increased from day to day, until it reached a healthy standard; but it was not until the fourth day, from the commencement of this treatment, that the patient began to close his eyes, or his mouth, when he slept. Wine and quinine were then substituted for the turpentine, and the patient became convalescent in a few days thereafter.

Such are some of the cases which have fallen into my hands after having been commenced with in the preposterous manner of the Thomsonians; and as I never, in forty years' practice, had such cases, or any bearing a near resemblance to them, when I commenced the treatment myself, in the outset, I attributed their bad character wholly to the bad treatment. But how shall this and other modes of quackery be met by the regular practitioner? My method is this. I tell people, that, if they choose to employ quacks, to let them commence and go through with the case; not to begin with regulars and then resort to quacks, nor *vice versa*; and, comparing all their cases, if they find the quacks have the best success, give them the preference; otherwise, give the regulars the preference. For one, I say, if I cannot succeed better, taking diseases as they arise, than the Thomsonians, or those of a similar stamp, the people are welcome to employ them.

JOHN BROOKS.

Bernardston, Jan. 18, 1847.

## OBSERVATIONS ON STRICTURE OF THE URETHRA.

By Edward H. Dixon, M.D., of New York.

[Communicated for the Boston Medical and Surgical Journal.]

WE shall confine our remarks on this occasion to the proper construction and choice of bougies, and their application to strictures more or less permanent in character, and a consideration of the legitimate use of caustic applications. In the preceding No. we remarked that "we sought to cure the disease by means of remedies whose power to *produce* a stricture none could doubt." We regret the necessity of modifying that sentence, for whilst writing this, we are endeavoring daily to overcome a severe stricture produced by the unnecessary and inconsiderate use of caustic, applied as a *destructive* agent by a celebrated empiric of this city; and although in this instance the mischief was done by a non-professional hand, it is well known that the use of caustic as a destructive agent is still continued by some practitioners. To use their own frequent language, they use it to cause "a slough," or a series of them, hoping in that way to "get through" the stricture. It could not fail to gratify the writer to observe the language of Velpeau (I quote from a late No. of this Journal, page 488, a sentence from the very valuable article of Dr. Fisher). "If the canal of the urethra be really cauterized, it is a bad operation, because there is loss of substance and a more considerable stricture ensues." It is therefore evident, from the caution given by this distinguished surgeon, that the practice introduced by John Hunter, and so enthusiastically adopted by Mr. Home, is not correctly understood by all who have occasion to treat strictures of the urethra. Mr. Whately, who adopted the system of cauterizing with the potassa fusa, spoke in a manner so indefinite as to leave his actual views a matter of doubt; he speaks of "abrading" the mucous membrane without "producing a slough"; and Samuel Cooper remarks, very justly, "To abrade without destroying is



rather too nice a distinction for a practical man, doing business, as it were, in the dark." We take it for granted, then, with such distinguished names to support us, as well as the common sense of every reflecting man, that caustic is capable of doing much mischief if used as a destructive agent, and shall resume the consideration of its proper use, after examining the construction of bougies as found in our market. Like everything else that becomes an article of common use in our trafficking country, any prescribed or scientific regulation of size or consistence in these articles is quite a secondary consideration to the seller. The practitioner who wishes to use the articles he purchases, with any satisfaction to himself or benefit to his patient, must not send to the apothecary for them, but go himself to the importer and select from a large quantity; nine tenths of which he will always find good for nothing.

We speak of the gum elastic bougies, and particularly of the English and French ones that are brought here for sale. A very superior article of the French may be had in Paris, but they must be brought by private hands, for they rarely reach our market.

Bougies are either solid, the body being made of canvass and varnished with gum elastic; or hollow, admitting a wire to keep them stiff, with a similar exterior. We will now explain our reasons for pronouncing so large a portion of them worthless. Suppose, for instance, a stricture so advanced as only to admit the smallest possible stream of urine, and moreover, which is often the case, situated in the curve of the urethra. Many of the bougies prepared for this description of stricture, are either solid, the body being no larger than a wheat straw, or if hollow, admitting a wire of very small size. To curve one of the former, is impossible; and if you do curve the latter, sufficient force cannot be applied, for the instrument has no power to resist it. You cannot use a straight one, for the obstruction is in the curved, and perhaps near the membranous part, where it is increased by the natural contraction of the urethra as it passes through the triangular ligament, and often by the spasmodic action of the anterior fibres of the levator ani, called the sling muscles of Wilson.

Most of the larger ones are very little better, even if they will admit a stilet or wire, stout enough to convey the requisite force against the stricture, from the total deficiency of the wedge principle in their joints. A bougie of equal thickness in its whole length, can be of little use as an instrument to make pressure against the circumference of a stricture; because if it can be made to enter at all, its further progress can convey no increase of pressure, for its size does not increase; it may answer to sound the extent of a stricture, but it can never aid in curing it. Such is the construction of a great portion of those used in this city.

A bougie, to be efficient in producing absorption of a stricture situated anterior to the curve of the urethra, should be solid and of the size of a pipe stem to within an inch and a half of its end, nor should that end in any case, however severe the stricture may be, be less than one sixteenth of an inch across, and very slightly rounded; indeed, it should have no point, strictly so called, at all. We will give our reasons for this. Whe-



ther the instrument be either solid or hollow, its end, if sharpened to extreme tenuity, or even, as we have said, beyond the sixteenth of an inch, can receive no adequate support from the shaft or body of the instrument, and it will catch either in the plicæ of the urethra, or else the force conveyed by the pressure of the surgeon's hand will be continued in a straight line with the more resisting part or shaft, and tilt the point in some direction other than through the centre of the stricture; then when it is withdrawn, it will be found to have doubled upon itself, and not entered the stricture at all.

What, then, is to be done with those cases in which the urine will only pass guttatim, and in which there is great difficulty in passing the smallest bougie? They are either to be incised (a practice, we are sorry to say, that is freely pursued in this city), or caustic is to be used; and here it must be confessed there is room for some difference of opinion, and a great chance for quackery to attack the regular practitioner; for, be it known, that like the Thomsonian and his anti-mineral cry, they raise their voices against us for using it, and constantly abuse it themselves in the most fearful manner. We have had several cases of caustic strictures made by these gentry, which from the description of the instruments used, and the severe burning that followed their application, leaves no doubt on my mind, that caustic was the origin of all the trouble. All strictures that exist at the curved part of the urethra, or beyond the scrotum, should be treated with hollow bougies, admitting a stiff wire to within a quarter of an inch of the point; and the surgeon will find them pass with increased facility, if his patient stands before him and he places the left hand under the urethra, making gentle pressure thereon so as to support the instrument and occasionally tilt up its point; whilst the hand holding the bougie can make pressure in the opposite direction, and thus depress the point, all the while making gentle pressure towards the stricture, and as it were humoring the urethra. Indeed, it is always best not to alarm this delicate membrane, for it often is ready primed to oppose your efforts with spasm; act, then, like a wily politician, and conceal your real intention till you have effected your purpose. In some of these spasmodic cases, belladonna may be used with the caustic by an instrument we shall describe presently.

It is hoped the reader will pardon a short extract on the proper use of caustic, from a small volume of our own on this and similar subjects, as it contains our views in a condensed form.

“There is no doubt that in all difficult cases, and particularly in irritable strictures, the careful use of caustic is preferable to the lancet-pointed bougie. We are constantly in the habit of using it, and never meet with any permanent ill effects. But we have been exceedingly careful, never to apply it oftener than once in three days, and then very slightly. In cases where the patient has experienced pain for several days after the passage of a common bougie, and has dreaded its introduction so much that I feared his inability to bear it, I have, unknown to him, used a very small piece of caustic, and such has been the relief afforded, that after two days, I have introduced the bougie entirely without pain, and he has

urged me to resume it on discovering the cause of his ease. The truth is, that those cases that were cured by John Hunter and Sir Everard Home, by this method, were well explained by the latter. The caustic destroys the irritability and produces absorption of the stricture. It is an admirable remedy, and can only be used as an adjunct to the mechanical action of the bougie in producing that result.

"GREEN ON BRONCHITIS," &c

To the Editor of the Boston Medical and Surgical Journal.

DEAR SIR,—In your Journal of Dec. 16th, 1846, there is a paper with the above title, signed "*Medicus*," which is remarkable for the harsh and unkind spirit by which it is characterized. The fact that you gave place to such a communication, is conclusive evidence that you believed there was reasonable ground for the charge of plagiarism which *Medicus* preferred against Dr. Green, and therefore it is proper and necessary to ascertain the truth or falsity of the charge, that the public may know whether the *accused* or the *accuser* is the censurable party.

I was in hopes that some one, less humble than myself, would have replied to *Medicus*, through the pages of your Journal; but as this has not been done, I am prompted by a sense of justice to attempt it myself, as I am unwilling that an excellent and valuable member of the medical profession—residing at a distance from Boston—should be injured through the media of the journals here, without some just or reasonable provocation.

The writer of the communication referred to, is well known as a physician residing in New York, the residence also of Dr. Green; and the fact that said communication appeared simultaneously with a similar one by the same author, in the New York Commercial Advertiser, would seem to favor the idea that the writer—actuated by some motive equally unworthy of his head and heart—was disposed to go to work systematically for the purpose of injuring the reputation of Dr. Green, and bringing him into disrepute with the members of his profession.

It must be apparent to every unprejudiced reader, that these strictures by *Medicus* were not put forth as specimens of sober and judicious criticism, intended to sustain the dignity of the profession, but for the exclusive purpose of finding fault with Dr. Green's book, not only as regards its contents, but also its external appearance. The writer speaks of it as a "*huge octavo*," though it contains less than 300 pages; and even complains of the gold letters upon the back, as though it was not the prevalent fashion for books to be thus lettered in gold. He says these letters have a "*formidable*" aspect, being, no doubt, extremely offensive in his sight; but whether *Dr. Green* or the *binder* is to be censured for this, does not exactly appear. Everything in relation to the book, is seen by *Medicus* through a false or distorted medium; and when he comes to his sober senses, he will probably find himself in a similar predicament with that of the learned Sir Paul Neal, who announced that he had dis-



covered an elephant in the moon, but which, upon closer scrutiny, proved to be only a mouse in his telescope.

The work of Dr. Green, which Medicus has undertaken to criticize, is intended chiefly to point out the value of topical applications to the interior of the larynx, in diseases of that organ; and it is argued by the author, contrary to the generally received opinions of medical men, that these applications may, as a general thing, be made with ease and facility. Medicus endeavors, in the first place, to ridicule the idea of introducing a sponge into the larynx, as proposed by Dr. Green, and suggests that the sponge, instead of entering this cavity, is merely thrust behind the epiglottis. It is better, however, that he should speak for himself. Here, then, is his language.

"But the reader who has ever heard anything of the author, and his early pretensions to originality of practice in this speciality, is destined to a sad disappointment. He will expect to find the proofs that the novel feat of passing an armed probang, *through the larynx*, into the *trachea* down to the *bifurcation*, has been performed, thus curing *bronchitis* by topical applications of his curative means to the inflamed membrane. It was this monstrous assumption which was scouted by the profession, as 'ludicrously absurd, and physically impossible.' Such professions notoriously made to inquiring invalids, and vaunted as having actually been done upon their own persons, by patients who had been 'educated' to believe it, when the sponge had been merely thrust for a moment behind the epiglottis; were deemed by anatomists as impugning the professional honor of their author, and all such united in reprobating the whole fiction as worthy only of contempt."

Medicus next endeavors to prove that the practice of Dr. Green, as exemplified in his work, is the identical practice of MM. Trousseau and Belloc, of France, as set forth in their treatise on "Laryngeal Phthisis," &c. In proof of this unqualified assertion, he quotes these authors as saying, "When we wish to cauterize the pharynx, the base of the tongue and the top of the larynx at the same time, we take a whalebone," &c. \*\*\*\*\* "When the isthmus of the gullet is passed, there occurs an effort of deglutition which elevates the larynx, and we seize the opportunity to draw forward the sponge, which had been at the entrance of the œsophagus. By this manœuvre we get at the glottis, and then it is easy to express the solution into the larynx; the cough which now occurs favors the introduction of the caustic."

"Here," continues Medicus, after making the preceding quotations, "every reader of Dr. Green's book will perceive how completely he was anticipated *nine years ago*."

We do not perceive the force of this vaunting expression. We presume that Medicus, in his eagerness to convict Dr. Green of plagiarism, would be likely to avail himself of those passages in the French work, which would aid him the most effectually in making out his case. But if he relies upon the quotations which we have just copied from his communication, we can only say that he has failed signally in his object. No evidence is afforded that Trousseau and Belloc thought of introducing a

sponge, charged with a medicinal solution, into the larynx. They only speak of cauterizing the top of the larynx, and remark, that, by a special manœuvre, it is easy to *express* the solution into the larynx. The latter remark indicates, very clearly, that they did not think of introducing the sponge itself into the larynx, and hence the practice of Dr. Green, instead of being identical with that of these gentlemen, as asserted so confidently by Medicus, is wholly and entirely different.

If Trousseau and Belloc succeeded, by the method which they have described, in "expressing the solution into the larynx," it must have been rather accidentally than otherwise; for it would be no new argument to say, that when the larynx is elevated by the effort of deglutition, which follows the introduction of the sponge beyond the "isthmus of the gullet," the epiglottis falls at the same instant upon the orifice of the larynx, and thereby prevents the passage of the fluid into its cavity. The sponge, therefore, being drawn forward at this moment, would merely pass over the lingual surface of the epiglottis, without any opportunity for the solution to gain admission into the laryngeal cavity. How the cough, which may or may not ensue, could favor the introduction of the fluid, is by no means apparent, for the forcible emission of air from the lungs, which accompanies the cough, would, it seems to us, effectually prevent the fluid from passing into the interior of the larynx.

From these premises, it is obvious that Dr. Green's practice is original with himself, unless there are some other claimants for the honor than Trousseau and Belloc, and that he has been charged with plagiarism either through ignorance or malice; for this, I regret extremely to say, is the certain and inevitable conclusion.

The editor of the New York Medical and Surgical Reporter, in defence of Dr. Green, calls attention to an article by M. Trousseau, recently published, as affording additional evidence that this learned French physician and his associate, were not fully aware of the practicability of making medicinal applications to the interior of the larynx. In this article, the writer details one hundred and twelve cases of croup, in which he performed the operation of tracheotomy; and he recommends, if there is reason to believe that the larynx alone is the seat of the lesion, that a sponge, moistened with a solution of the nitrate of silver, be introduced through the artificial opening, and passed over the tracheal membrane. If Trousseau had been in the habit of making topical applications to the cavity of the larynx, in the way proposed by Dr. Green, and at the same time believed that the solution of nitrate of silver, locally applied, would exercise a salutary influence in controlling or modifying the disease, he would assuredly have availed himself of his knowledge and skill in this respect, before resorting to the operation of tracheotomy.

Medicus, as I have said, is disposed to ridicule the idea of "entering the larynx" at all. In this he does not stand alone. During a recent visit to New York, I was surprised to find a number of intelligent medical gentlemen, among my friends, who regarded the proposition as supremely ridiculous. One of these gentlemen, who had been long devoted to an extensive and arduous practice, told me that he had never even seen the



epiglottis in the living subject, and that to introduce a sponge into the cavity of the larynx, as proposed by Dr. Green, was the greatest of all human absurdities. Thus do medical men express themselves upon this topic. One of the most distinguished teachers of anatomy in the United States, remarked to one of his friends within a month, that the proposed operation of "entering the larynx" was "anatomically and physiologically impossible." He did not make this remark from any feeling of opposition to Dr. Green, but from a firm and honest conviction of its truth. The irritation produced by a drop of water or a crumb of bread, which passes the "wrong way," is always adduced as an argument in the consideration of this subject; and it will be found that either side of the question is sustained by the most ample authority.

Through the kindness and courtesy of Dr. Green, I have had ocular demonstration of the feasibility of the operation. I saw him make his favorite topical application in a large number of cases, both ladies and gentlemen. In about one fifth of the cases, I was enabled to see the epiglottis distinctly, and it was always in a vertical position. In one case, which was that of a chaplain in the army, I saw both the epiglottis and the orifice of the larynx, and so devoid were the parts of the sensibility natural to them, that Dr. Green was enabled to introduce the sponge slowly and deliberately into the interior of the larynx. Hence I was satisfied that in this case, if in no other, the "anatomical and physiological impossibility" had been surmounted. But it is not necessary to have this positive demonstration in order to be assured that you have entered the laryngeal cavity. The sponge, which is attached to the end of the bent whalebone, being passed over the epiglottis, and then pressed downward and forward, must of necessity enter the larynx rather than the œsophagus. It will be apparent to the intelligent physician, who is acquainted with the anatomy of the parts, whether he has really entered the interior of the larynx, or whether he has merely thrust the sponge behind the epiglottis, *Medicus* to the contrary notwithstanding.

Though Dr. Green has many opponents in the medical profession in New York, yet the great majority of them are his advocates. Professors Mott and Revere, of the Medical University, have both spoken in praise of his practice in their lectures, and have honorably awarded to him the merit of having made a new and important discovery.

*Medicus* charges Dr. Green with having pretended that he had passed "the larynx and trachea down to the bronchial bifurcation." This charge, I presume, is not well founded, for Dr. Green remarked to me, in conversation with an eminent practitioner in New York, that the latter gentleman had accomplished what he had not attempted himself, namely, the introduction of the sponge down to the bronchial bifurcation. The case was one in which the operation was deemed expedient, and the results of the experiment were favorable.

It was my intention to have said something of the merits of this practice, but my time, at present, does not permit. With your permission, I shall allude to this subject at a future time.

Yours, &c.

*Boston, Jan. 27, 1847.*

M.

## SYPHILIS INFANTUM.

To the Editor of the Boston Medical and Surgical Journal.

DEAR SIR,—The case about to be recited has several peculiarities, which render it one of more than usual interest.

1st, The disease showed itself a few days after birth; it commonly does not manifest itself till the fourth or fifth month.

2d, The copper-colored ulcers were diffused over the whole surface of the body; the *face* and *feet* having the most blotches, and the *anus* and *pudenda* the fewest.

3d, Three previous children had died young of the disorder, that had been treated with mercury, &c.; this, the fourth child, survived under a somewhat modified and different treatment.

CASE.—MRS. S. was delivered of her fourth child. On the next day I found both mother and child doing well. On the fourth day I was desired to see the child, the messenger stating that it was taken like all the rest—"and likely would not stand it long." It will be proper for me here to say that this family was respectable, and both parents apparently healthy. I had no acquaintance with Mrs. S. until her last confinement.

Found the child, which was at first strong and plump, now weak and shrivelled. The infant was hoarse, surface cool, the eyes and nostrils discharging a filthy ichor, and the body covered with ulcers of a copper color. I prescribed—R. Pulv. Doveri, gr. j. : protochlo. hydrarg., gr. iv. M. Div. in chart No. xvj. Give a powder every three hours, until the infant appears to be under the influence of an anodyne, then give a teaspoonful of castor oil; when the oil moves the bowels, resume the powders under the same directions. Also apply the following ointment to the ulcers. R. Protochlo. hyd., grs. x. ; adip., 3 ss. M. Ft. ungt.

The above plan was pursued for six days, at the end of which time the ulcers were nearly healed, the voice was natural, the spasms had subsided, the extremities warm, &c. Then prescribed—R. Syr. rhei aromat., f 3 j. ; to be given every evening. At the end of five days discontinued the syr. rhei, and substituted small doses of calcined magnesia, as the child needed some aperient medicine.

The *opium* and *calomel ointment* were in this case strikingly beneficial. The first as a sedative, diaphoretic and antispasmodic, was very useful—as a stimulant, it seemed to arouse the general prostration of the system in a gentle and salutary manner. The latter kept the skin soft; it was applied to the eyes and nose, and, as no other local remedy was employed, its alterative action was obviously serviceable to a high degree.

"CLAUDIAN."

*Influence of Lactation on the Health of Infants.*—Mr. Dendy related to the Medical Society of London, a case of a lady who lost two children successively at the respective ages of five and six months, without any previous disease or evident cause. A wet nurse was obtained for the third, which lived and thrived. Did the milk of the mother, who was a strong and healthy woman, exert any influence in the production of the fatal result?—*Lancet*.



---

 THE BOSTON MEDICAL AND SURGICAL JOURNAL.
 

---

 BOSTON, FEBRUARY 3, 1847.
 

---

*Medical Convention of Virginia.*—A spirited meeting was recently held at Richmond, Virginia, in which there was a strong representation of the best medical talent of the Old Dominion. One prominent object seems to have been, to raise the standard of professional education, that the people may be well served, and at the same time to secure to each other that fraternal feeling which should characterize the members of a body of learned, accomplished men, engaged in a noble pursuit. Dr. William A. Patterson, of the city of Richmond, was elected President. The immediate business brought before the Convention was, 1st. The organization of the medical faculty of the State into a Society, and also the establishment of auxiliary associations. 2. The adoption of a code of medical ethics, for the proper government of the profession. 3d. To regulate the rate of charges. 4th. To memorialize the Legislature to place the accounts of physicians against deceased persons' estates, accruing within twelve months, in the first class of debts. 5th. To consider the subject of empiricism, &c., besides several other topics of vital importance to the interests of medical science in Virginia. A cordial feeling was manifested in the labors of the late National Medical Convention, which is popular with almost every one connected with medicine and surgery, excepting a very few in Massachusetts. Efforts were made, on the proposition of Dr. Quarles, for the publication of a journal under the auspices of the Society, at Richmond, the cost of which shall not exceed five dollars a year. Dr. Haxall, from a committee on medical ethics, submitted a printed treatise, formerly adopted by the Medical Society of Virginia, arranged in five sections, viz.: Consultations; duties of physicians towards each other; conduct for the support of medical character; duties of the faculty in relation to quackery; differences of physicians and the duties of physicians relative to pecuniary compensation for their services. Dr. Peebles, of Petersburg, introduced a series of resolutions in regard to empiricism, that spoke very plainly his view of the growing evils that beset the path of the practitioner. Finally, the deliberations of the Convention were closed by an address from Dr. Wm. A. Patterson, in which he gave a succinct sketch of the history of medicine from the time of Hippocrates to the 79th Olympiad—about 460 years before the advent of the Saviour. From that period he traced the progress of medicine through Egypt; then adverted to Celsus, in the age of Augustus, at Rome; and gave a graphic notice of the writings of Galen, and subsequent progress of the Arabian school; all of which exhibited Dr. Patterson's thorough familiarity with the antiquities of a profession which he adorns.

Without systematically detailing all the points on which the speakers dwelt, or minutely recording the various suggestions that were made in the Convention with a view to placing the profession in Virginia in a position to maintain their rights as men and their dignity as members of a learned profession, we have exhibited enough to show that the meeting was one of

peculiar interest to every member, and the results will doubtless exert a salutary influence on the professional character of the whole Commonwealth for centuries to come.

---

*Life*.—Such is the title of an introductory to the course on the Theory and Practice of Medicine, in the Medical Department of Pennsylvania College, by W. Darrach, M.D. After some preliminary remarks, Dr. D. states three propositions, thus: "Life is that principle in us, by which we are enabled to resist the destructive inorganic powers. 2d, Life is organism; and 3d, Life presents itself in three forms, viz., vegetable, animal and man." He employs some subtle arguments to show what is meant by organism. And what is organization? asks the author—a question which he answers himself, by saying, "it is the union of matter and breath of life—a connate union," which to our feeble apprehension is a very obscure, if not incomprehensible definition. After declaring that organization is not this thing, nor that, he endeavors to clear up a world of mist, so that philosophers may have a clear field of metaphysical vision. "But, on the contrary," says he, "as neutral salt is the result of a commingling of an acid and an alkali, so organization is the *tertium-quid* which results from the connection of matter and the breath of life." We grant full praise for the exhibition of learning displayed by Dr. D. in his philological researches in Hebrew, and in the construction of the diagrams—yet there is not a full measure of satisfaction in his deductions to all orders of minds. When on the 18th page, however, he actually defines what man is, we freely acknowledge ourselves indebted to him for the lucid explanation. "What is man, is pressed upon us," continues the professor. "Surely he is more than animal. He has a triple and transcendental nature; sense, intellect and soul—functions, faculties and spirit, a nutritive, reproductive and sentient organism." On proceeding further, objections arise to some of the singularly constructed arguments. There is certainly more of a display of Hebrew roots—*na-phesh*, *chah-yim*, *nesh-math chah*, &c.—than genuine physiological investigation into the laws of vital action. We perfectly agree with Dr. Darrach in all his views in regard to the origin of man, and his high destiny. Revelation establishes a point which over-tops all philosophy and all the speculations of those who would reason at variance with the declarations of the Creator himself. Dr. Darrach's organ of veneration is an active one—and we honor the disposition he manifests to impress others with his own sentiments concerning the creation and immortality of man, however much at fault his mode of reasoning and arrangement of words may be with the ordinary modes of expression.

---

*Organic Chemistry*.—Dr. Hiram Hoyt, of Syracuse, N. Y., delivered a popular lecture in that place, January 19th, on organic chemistry applied to the art of living, which has been reported for the papers, and which demonstrates very conclusively the author's ability to discourse on profound subjects of science in a way to be both understood and appreciated by a mixed audience. It is a rare talent that enables a person to teach others—and yet how low that faculty is commonly estimated. Dr. Hoyt dwelt principally upon the value of the atmosphere, and the manner in which it is kept from the lungs by the vice of dress, improperly ventilated apartments, &c. People would be vastly more choice of health, if they knew



how easily it could be deranged in the estimation of physicians, by a neglect of pure atmosphere, airy rooms, simple food and clothing, varied according to the conditions of temperature in this variable climate. Dr. H.'s discourse would bear a hundred repetitions.

### New York Correspondence.

*Dr. Forbes, of London.*—We have very recently had occasion to chronicle among the sad evidences of the degeneracy of the times, the professional apostasy of this once distinguished gentleman. We are now called upon to record his fall into a still “lower deep” of intellectual imbecility than in either of the instances to which we have heretofore adverted. Senility itself can now scarcely account for so melancholy a lapse as that which has so abruptly overtaken him; for the book which has overthrown this ancient editor and veteran in medical literature, is second only to that of Baron Munchausen in monstrous absurdities, its author, Dr. Esdail, having taken leave of his senses, by resigning his reason and consenting to become the victim of the jugglery of his patients in India, which has always been famous for practitioners in the magic arts. The baldness of the deceptions by which Dr. E. has been gulled, is as manifest in his own record of these marvels, as the honest simplicity with which he writes his own epitaph in relating them. While Dr. Forbes swallows the whole, for the reason that when a man once leaves the vantage ground of truth, whether in physics or morals, and becomes the victim of fanaticism in any one of its aspects; there is no other heresy so stupid, no other folly so preposterous, but the proclivity of his infatuation will carry him into its vortex.

It was only within the last year that Dr. Forbes's treason to the liberal profession which had sustained and elevated him to the proud position he has long occupied, aroused the indignation, while it challenged the pity of the fraternity. Until then he had been everywhere known and honored as the champion of rational science, and the able advocate of philosophy and truth. He was not only the popular editor of the *British and Foreign Medical Review*, which was patronized all over the scientific world, but the homage of his brethren universally awarded him at home had elevated him to be “Physician in ordinary to Her Majesty's household, and Physician extraordinary to His Royal Highness Prince Albert!” titles which, among others, his amiable self-complacency led him unceasingly to append to his name, a weakness which, like the spots in the sun, only betrayed that perfection is not to be found anywhere, and was always forgiven. But, alas! how has the mighty fallen. Then he was courted, flattered, fawned upon by “troops of friends,” while millions paid him the homage due to honorable integrity, rank and talents, exemplified by an *esprit du corps* which he had till then ever illustrated by consistency in adhesion to the liberal profession whose patronage had made him what he then was. But now, “none so poor to do him reverence,” so sad, so grievous has been his fall.

In January, 1846, he publicly renounced his allegiance to rational medicine, by assailing the ramparts of our venerable science with the weapons heretofore wielded only by ignorant scepticism, and forged in the service of modern quackery. He traitorously went over to these enemies of truth, and admitted, *ex cathedra*, all that they had alleged in their wildest vagaries of assault upon the claims of medicine as a science to the respect and con-

fidence of mankind. Nay, more, he united with them in decrying and disparaging his own profession, and seemed to take pleasure in confessing the uncertainty of our science, as taught and practised in the schools, and in the standard authorities of scholastic medicine. And all this as preliminary to the introduction of a new theory, under the name of "Young Physic," the rallying title of another sect, which was to own him as their leader, and make the transition easy from rational medicine, to the serene nonsense of homœopathy, modified by so much of the old leaven of allopathy as he found it inconvenient to get rid of. The whole tribe of Hahnemann were now in ecstasies, and their sinking hopes revived by this new recruit to their ranks, and they made haste to welcome the traitor, while the honest men among them despised the treason. In their eagerness to embrace, they alarmed him, and hence his letter of debenture, which however came too late for his reputation, as repentance does in some other cases after the deed is done.

Those who are familiar with the philosophy of fanaticism, at once predicted that Dr. Forbes was now prepared to go all lengths in mysticism, and looked out for further developments. Very soon he fulfilled these predictions to the letter, for having endorsed homœopathy, he next leaped over to hydropathy, and the disciples of Priessnitz were astounded to find their silly conceit fortified by the name and authority of Dr. Forbes, just at the crisis which menaced the annihilation of the water cure, by its ominous failures, and accumulating mischiefs, which they could no longer conceal. And now, in October of the same year, Dr. F. has gone over, body and soul, to mesmerism with all its lying wonders; and at the very extremity of its death-struggle, he attempts to galvanize it into life, by declaring, in the British and Foreign Medical Review, of which he strangely persists in being editor, that it can no longer be "philosophically disregarded." Surely during the year 1846 Dr. Forbes has fallen beneath "the very error of the moon," and needs the commiseration and demands the care and protection of his friends. But it is in vain to hope for his recovery, for mania, thus suddenly supervening in a man of his age and infirmities, defies the resources of allopathy, homœopathy, hydropathy, mesmerism, or young physic, so that chrono-thermalism is his *dernier resort*.

*Private Surgical Instruction.*—We are happy to learn that Dr. Detmold, of New York, who has distinguished himself as an operative surgeon, has, since his return from Europe, resumed his course of private instruction in surgery by lectures, in which capacity he has already earned an enviable reputation. He has a large and respectable class in attendance upon his nightly converzationes, and he holds a clinique weekly, which is highly estimated by the students. Professional gentlemen visiting the city during the winter, or sojourning even for a night, will find a visit to Dr. D. and his class an agreeable finale to a day spent in visiting the colleges; and from experience we can promise such strangers a cordial welcome.

*The Letheon in London.*—Letters and printed reports by the last steamer show that the Boston Letheon is well received in London. Mr. Liston, the great surgeon, has amputated twice with marked satisfaction, while the patient was under its influence. Many of the leading members of the profession have expressed themselves strongly in its favor. Our files of the London Lancet, by the last steamer, have been unaccountably detained somewhere, having but just reached us. Dr. Bigelow's first article in this Jour-



nal is copied into the *Lancet* of Jan. 2, with remarks by Dr. Francis Boott, of London. The Editor, in a brief article on the subject, says—"The discovery seems to have a remarkable perfection about it, even in its first promulgation. We shall watch its development in the various branches of medicine and surgery which may admit of its application, and carefully record them. We suppose we shall now hear no more of mesmerism and its absurdities as preparatives for surgical operations."

*Ohio Lunatic Asylum.*—Since the close of the last fiscal year 399 patients have been in the care of the institution, of whom 213 were males, and 186 females.

Of the above number, 175 were admitted during the year, viz.: 88 males and 87 females; and of this number 101 were recent cases, that is, of less duration than one year; and 74 had been in a state of mental derangement for a longer period.

Of those admitted during the year, 49 were admitted as paying patients, and 126 at the expense of the institution.

The number remaining at the close of the fiscal year is 291, which is 67 more than at the close of last year.

In the year, the whole number discharged from the institution was 108, viz.: 63 males and 45 females. Of these, 71 were discharged recovered, 3 improved, 16 stationary, and 18 by death.

Of recent cases, the per cent. of recoveries during the year is 95.38. In old cases it is 20.93; and 65.74 upon the whole number discharged within the year.

The per cent. of deaths, as calculated upon the average number in the asylum, is 7.37 for the year.

Of those remaining under care at the close of the year, many are improving, and some are nearly restored to the right use of their reason. The prospect in this respect appears to be clearly favorable for 37—doubtful and unfavorable for the remainder.

A number of applications for the admission of patients, from citizens of Ohio, still remain upon file in the books and papers of the office. Of these, many are doubtless to be considered as withdrawn, on account of the recovery, removal or death of the persons to whom they refer. In a few instances they have been sent out of the State, when room could not be obtained here; and in particular cases friends may have declined through want of means, or the despair of recovery.—*Annual Report of the Ohio Lunatic Asylum.*

TO CORRESPONDENTS.—A communication from Dr. Reese, of New York, respecting Dr. Green's book on the Air Passages; also one from Dr. Gillette, of Connecticut, and A. S. H., of Vermont, have been received.

MARRIED.—At Salem, Wisconsin, Dr. W. F. Irwin, of Crystal Lake to Miss C. E. Cogswell.—Dr. Charles H. Brown, of Ipswich, Mass., to Miss M. C. Blake.

*Report of Deaths in Boston*—for the week ending Jan. 30th, 43.—Males, 24—females, 19. Stillborn, 6. Of consumption, 9—typhus fever, 2—lung fever, 1—scarlet fever, 3—canker, 1—croup, 3—inflammation of the bowels, 1—disease of the bowels, 2—old age, 1—infantile, 3—diarrhoea, 2—hoopingcough, 1—rupture of bloodvessel, 1—teething, 1—disease of the brain, 2—marasmus, 3—burns, 1—bronchitis, 1—dropsy, 1—inflammation of the lungs, 1—paralysis, 1—disease of the heart, 1—worms, 1.

Under 5 years, 21—between 5 and 20 years, 4—between 20 and 40 years, 9—between 40 and 60 years, 2—over 60 years, 7.

*Delegates from Massachusetts to the National Medical Convention.*—We regret to perceive by an editorial article in a late No. of the Boston Medical and Surgical Journal, that there is some uncertainty as to the election of delegates to represent the Massachusetts Medical Society at the next National Convention. What! the old Bay State backward in a movement, the aims of which are *reform* and *progress*! We cannot think that the profession of the State will sustain this course, if determined on by the Counsellors of the Society. From personal acquaintance with the views of a considerable portion of the profession in that State, we know that great interest, out of Boston, at least, was felt in the last Convention; and it was agitated in some counties as to the propriety of sending delegates independently of the State Society. We hope this will be done. Delegates chosen by County Societies obviously afford the fullest and fairest representation of the body of the profession. We presume the New York State Society will not again attempt to cut off representation from the County Societies of this State. It appears that at the last annual meeting of the Massachusetts Medical Society, no action was taken on the subject of sending delegates; hence, the question, in so far as that Society is concerned, will devolve upon what are called the Counsellors, composed of a few members residing, for the most part, in Boston. Should they decide not to send delegates (which we cannot think will be the case), we sincerely hope the County Societies throughout the State will not fail to send each its representatives. Indeed, if the State Society be represented, we hope the local associations will also have their delegates. As a native of the Bay State, we should, for one, feel mortified at any indisposition in that State to co-operate in an enterprise in which the profession of the whole country have so deep an interest.—*Buffalo Medical Journal.*

*Medical Miscellany.*—In a duel fought between Dr. Root, of Memphis, Tenn., and John Dodge, the latter was killed.—The State of Massachusetts supported and relieved, in 1846, 629 insane persons and 350 idiots. The number of paupers in the State, made so by intemperance, is 7378; the whole sum paid by Massachusetts for the support of paupers last year, was \$301,607 08; and the number of foreign paupers now supported by the people of this State, is 4411.—There are nine physicians in the Legislature of New York.—Dr. John Jumps goes out Surgeon of the U. S. Store-ship Supply, bound for the Gulf of Mexico.—Ten thousand persons are said to have died of cholera at Teheran, in Persia, between the 11th and 27th of October last. The deaths were 200 daily in the city.—The culture of rice is prohibited in the Duchy of Lucca, in consequence of the malaria to which it gives rise.—Dr. Darling is lecturing very acceptably at Lawrence, Mass., on his favorite subjects of anatomy and physiology.—A lady at the West, recently gave birth to four daughters—all represented to be doing well.—The London correspondent of the American Traveller of this city, states that Dr. Liston, of London, has amputated a leg with complete success, the patient being under the influence of the ethereal gas.—The Southern Medical and Surgical Journal, in speaking of a new prescription for burns and blisters, says—"During a recent visit to Aiken, we learnt from a medical friend, a domestic preparation used in that neighborhood for burns, blisters, and denuded surfaces. It is an ointment made of equal parts of white of egg, beaten up to a froth, and fresh lard. A little morphine or chloride of sodium we think might be added with advantage.



THE  
BOSTON MEDICAL AND SURGICAL JOURNAL.

---

VOL. XXXVI.      WEDNESDAY, FEBRUARY 10, 1847.

No. 2.

---

ALPHABETICAL NOTICES OF SUBJECTS CONNECTED WITH THE  
TREATMENT OF DYSPESIA.

By Robert Dick, M.D., London.

As an interval, unexpectedly long, caused by other engagements, occurs between the author's former paper\* and the present, he thinks it necessary to remind the reader, that his proposed plan is, to notice, in alphabetical order, and as curtly and practically as possible, subjects connected with the pathology and treatment of dyspeptic derangements.

*Aconitum Napellus*.—In one case of obstinate dyspepsia, caused (as a *post-mortem* examination proved, and as, during the life of the patient, was suspected) by scirrhus of the pylorus, aconite certainly afforded some relief. Scirrhus of the pylorus seems to affect the stomach in two ways, or rather, to be accompanied by two different conditions of that organ. In one, there is erythema of the gastric mucous membrane, accompanied with what is usually called irritable dyspepsia; in the other, there is defective circulation in the gastric mucous membrane, and the accompanying dyspepsia is of the atonic form. It is in the former of these varieties that aconite is useful; yet I am not satisfied that its good effects are at all specific, and not dependent on that sedative property which it possesses in common with hyoscyamus, conium, and even humulus and lactuca. Like the last of these, it appears to be slightly endowed with diuretic and diaphoretic properties (most substances which act in the one way, act also in the other); and, perhaps, to these, as well as to its sedative powers, is due the relief it gives in the irritable dyspepsia of scirrhus pylorus, which is usually accompanied with a degree of febrile excitement, and hot hands, feet, and skin, during which both the cutaneous surface and the kidney act inefficiently.

The alcoholic extract of aconite is its best preparation.

Induced by the seeming success of the case above referred to, I have tried it in one or two other cases of suspected scirrhus of the pylorus, and with apparent advantage. These cases I afterwards lost sight of, and I am therefore unacquainted with the terminations of them, and whether my conjectures as to their nature were well founded. They were characterized by extremely slow digestion; a feeling of obstruction at the angle of the right ribs, and a circumscribed fulness and hardness there, perceptible to the touch of the examiner. They were also accom-

---

\* See No. 9, Vol. XXXV., of this Journal.

panied with eructations of flatus and fluid, and the patients had the look of persons suffering from some organic affection of the digestive viscera. I may add, that in the cases referred to, the examination of the liver and of the evacuations gave no ground to suspect any peculiar hepatic derangement.

*Calami radix et rhizoma*.—*Calamus*, *acorus*, and *acorus calamus* (for these several names are given to the same plant, the sweetflag) is an aromatic tonic, undeservedly neglected of late years. I have frequently observed the greatest benefit from it in cases of simple debility (functional atony) of the stomach. It unites the properties of quassia and canella, but in a milder degree than these exist respectively and separately in the two plants just named. Unlike several other stimulants and tonics, it rarely causes any febrile excitement, heat of skin, headache, ill taste in the mouth, &c., even though taken in such considerable doses as to produce manifest tonic effects; and this is, in itself, a great excellence.

*Aloes*.—This substance is, with one or two abatements, a very valuable agent in the treatment of some forms of dyspepsia and constipation. In debility of the digestive organs, not accompanied by, or dependent on, general debility or emaciation, or on any organic cause, but arising from what may be considered a merely temporary dormant condition of the nervous and muscular energy of the stomach and intestines—in such cases aloes is appropriate, and usually acts well. The intense bitter of the drug seems to act on the stomach as a tonic, and to educe the biliary secretion, which, in such cases, seems to be secreted well enough, but to accumulate in the liver. It appears to be a very efficient purgative, the stools produced by it being copious and consistent. It is, however, not free from disadvantages, which ought to forbid its continuous use, at least as a sole or principal purgative. Its chief disadvantage is its causing, probably from some stimulant property, an irritation in the mucous membrane of the bowels, accompanied by an increased circulation in the vessels. I differ from those who consider aloes to possess a specific and local influence on the rectum and womb. I conceive that the hemorrhoidal and uterine discharges which are sometimes caused by its use, are explicable from the fact, that when, in any way, or from any cause, the abdominal vessels are preternaturally loaded, the rectum and womb are the points whence hæmorrhage is most apt and likely, merely from mechanical relation, and from the operation of the law of gravitation, to take place.

But this very property of aloes, which makes it ineligible as a simple and continued purgative, gives it importance in other cases. In chlorosis it is eminently useful. In cases where, unfortunately, a periodical hæmorrhoidal discharge is too long and firmly established to permit of a radical cure being thought of, and where somnolence, distended veins, and purple lips, warn us of danger, if the usual period of the discharge is exceeded—in these, and other cases, it may be employed with good effect. In cases of this kind, the aloes may be used locally, as a suppository, as well as given by the mouth. In few, or no cases, would I ever recommend aloes to be given alone. It is best combined with scammony, colo-



cynth, rhubarb, and with blue pill; but not with calomel or the bichloride of mercury.

I need scarcely add, that however much indicated by dyspeptic derangements, or by constipation, aloes is inadmissible in cases of pregnancy, in structural affections of the rectum or womb, in irritable bladder, and in a disposition to strangury, from whatever cause.

Here again, just for the reason aloes is objectionable in the cases now named, it is serviceable in those of an opposite kind. Thus, in blennorrhagic cases of a purely passive kind, in some cases of gleet, &c., it is not merely safe, but directly useful.

In veterinary practice, aloes is extensively employed.

*Amenorrhœa.*—This disease is not only very frequently accompanied by derangement of the stomach and bowels, but it must also be principally treated by means addressed to these organs. In some cases, indeed, it is doubtful if amenorrhœa be not entirely a secondary affection, consisting of an extension to the womb of that torpor of function with which the colon may be affected. In other, and certainly the majority of cases, in which amenorrhœa is accompanied with chlorosis (for the diseases are not synonymous) amenorrhœa is owing both to a deficiency of blood generally, and also of the red globules of that fluid.

In amenorrhœa, the derangements of the stomach are two-fold; there is perverted appetite (*pica*), and there is functional debility, one or both of which symptoms are probably connected with the languor and deficiency of circulation in the mucous membrane of the stomach, or with the altered qualities of the blood, modifying the special property of the gustatory nerves. To the same causes are doubtless due the muscular and nervous or functional atony of the colon, whence the characteristic constipation; though this is also, in part, plainly caused by the watery and inert state of the biliary secretion.

As stated under the head of aloes, the use of the substance just named is of great utility. It is usual in such cases to combine it with the sulphate of iron and myrrh; quinine and gentian, and also taraxacum, may be advantageously conjoined with it. These, with canella, cardamoms, cloves, &c., are the principal stomachic means, and though apparently indirect, are perhaps the most really direct means we can employ. But many things else may be brought into play, which time and space will merely permit us to enumerate, such as ergot of rye, savine, cantharides, rue, absinthia, horseradish, and phosphorus.

*Antacid.*—In cases of troublesome acidity of stomach, about which every practitioner is often consulted, it is necessary to consider whether the acidity arises from injudicious food or from chemical changes in food possibly unexceptionable; or whether it consists in morbid secretions of the stomach itself. A simple enumeration by the patient of his system of diet will enable us to judge whether the fault lies with it, and, if so, the cure is, of course, obvious and easy.

If, secondly, the acidity arises from chemical changes in the food, whether proper or otherwise, we shall find it generally manifesting its presence by a sensation of heartburn, by eructations, &c., at stated pe-

riods, of from one to four hours after food ; and this circumstance forms a valuable ground of diagnosis between the form under notice and the one presently to be adverted to.

The form now under consideration is due to a deficiency, both in quantity and quality, of the solvent secretions of the stomach, to some fault in the pepsin, or in the various acids which are secreted into the organ, and each of which doubtless plays a necessary part in digestion ; another cause is imperfect mastication. In consequence of one or both of these causes, the food, owing to the slowness of digestion, undergoes chemical changes before digestion has anticipated, as, if ordinarily rapid and vigorous, it would have anticipated, these changes. The heat and moisture of the stomach, in themselves dispose to chemical changes all alimentary ingesta ; but, on the other hand, pepsin and the various stomachic salts and acids, if normal in quantity and quality, are possessed of conservative powers, which preserve substances against non-vital chemical changes, though they subject them to their own vital chemical power.

This form of acidity, then, requires (besides *pro re nata* doses of any simple antacid, such as potass or soda water) the use of bitters, condiments, and perhaps mineral tonics, and even stimulants, such as port wine, brandy, &c. The object, in short, is, to give stimulus and tone to the stomach, and thereby, if possible, to render its secretions more active and more copious. Ante-prandial and ante-jentacular pills—as, for example, of aloes, rhubarb, and powdered canella ; of gentian, rhubarb and cloves ; of colocynth, myrrh and ginger, &c.—will be found highly useful.

The third and last variety of acidity, or, as it is called, heartburn, consists of actually morbid secretions. Now, while the former sort comes on only at stated intervals after meals, and is quieted, for the occasion of each meal at least, by a single dose, if sufficient, of any antacid ; there being, then, no occurrence of the evil until the next meal—this third variety is constantly felt, and is only very temporarily allayed by the administration of an antacid ; for as the acidity, in this case, consists of the stomachic secretions themselves, these, constantly renewing themselves, require as constantly fresh antidotes.

In this form, some chronic and serious affection of the liver or pancreas is probably either present or impending, and alteratives, and most carefully considered treatment, will be required for cure, or for prevention. Some time since, a patient consulted me for what he called “acidity of the bowels.” I asked him how it affected him. He replied that it caused gripes and spasms in the bowels and rectum. It is obviously possible, and equally probable, that morbid acidity may have place in the bowels, large and small, as well as in the stomach ; and since the occurrence of the case just referred to, I have had several opportunities of seeing similar cases of great severity. I believe that many cases of gripes and spasms of the rectum and bladder are due to this cause, the latter organ being sympathetically affected.

There is yet another affection which simulates acidity, since it is accompanied by a sensation very like heartburn, but yet which antacids do not relieve. This affection I conceive to consist in some perversion in the



nerves of common sensation in the stomach. I find it to be best treated by a union of sedatives and tonics, such as the oxide of zinc, and hyoscyamus; the trisnitrate of bismuth, and extract of hop; in severer cases, by the nitrate of silver and conium.

It remains, finally, to enumerate the best and simplest antacids. These are, the carbonate and bicarbonate of potass, the carbonate and sesquicarbonate of soda, the sesquicarbonate and bicarbonate of ammonia, liquor ammoniæ, pulverized crabs' eyes, soap. Magnesia, as well as lime, is always an objectionable resource. Simple demulcents, more especially those of sapid flavor, such as liquorice, relieve heartburn *pro tempore*, both by diluting the acid secretions and by provoking a flow of mucus.—*London Lancet*.

#### DR. GREEN'S BOOK AND ITS NEW YORK REVIEWER "JUSTUS."

To the Editor of the Boston Medical and Surgical Journal.

SIR,—The reviewer of Dr. Green's book, in the "New York Medical and Surgical Reporter," having for discreet reasons concealed his name, has thus provided against any responsibility for the blunders or worse, with which his article abounds. But as it bears, on the face of it, manifest proof of collusion with the author, ascribing certain eulogistic notices to grateful patients, and even indicating the individuals to whom the book was, and was not, sent by Dr. G., it is fair to consider the author of the book privy to the didactic averments of the reviewer; nor can he escape this responsibility except by a disavowal, under his own name, of the fictions here vaunted as facts, and by a disclaimer of the pretensions here made for himself, which he knows to be untrue. You will observe that I refrain from the discourtesy of alleging against the reviewer that he is "an agent employed by the parties," lest I should outrage both decency and truth, in imitation of his base example. Waiving all reference to the very lame attempt to acquit Dr. Green from promoting, or conniving at the procurement of the notices of his book, which adroitly accompanied the presentation copies to the editors, thus forestalling candid criticism by a *ready-made puff* furnished by the publishers; it is proposed briefly to lay before the reader the several claims distinctly set up for Dr. Green by this extraordinary polemical writer named "Justus," and entitled most strangely a "review."

1st. That medical applications could be made to the *interior of the larynx*, was not previously believed by the profession until it was made a well-established fact "through the labors of our fellow citizen *alone*!"

2d. "Dr. Green is the first man who ever boldly inserted into the larynx a sponge wet with a solution of lunar caustic!"

3d. "The *discovery* of the practicability of making applications to the *interior of the larynx*" is ascribed to Dr. Green.

4th. "Dr. G. has *discovered* that the mucous membrane of the *interior of the larynx* is *excessively unirritable*, &c. He has *discovered* a mode of saving lives," &c.

These are a few of the pretensions, made by the reviewer, to originality, &c., and connived at by Dr. G., with Trousseau and Belloc's book in his hand, from which we now proceed to make extracts, which will prove that *all* and *every* of these pretensions are fictitious. Moreover, Dr. G. is represented and declared here to have been making his researches into this subject *about the same time*, without any knowledge of them. It so happens, however, that the researches of Trousseau and Belloc were made in 1830, 31, 32, and down to 1836, when they published their work on the subject, and received the prize of the Royal Academy of Paris therefor in 1837; which during the same year was announced in the London Medico-Chirurgical Review, and reviewed in 1838 by Dr. Johnson, before he saw Dr. Green in London, and before he had "happily succeeded," as his book tells us, in 1839, but not until the French work had been rendered into English by Dr. Warder for Dunglison's Medical Library. So that it is manifest that what are called Dr. Green's researches were made nine years after Trousseau and Belloc had made theirs in the Parisian hospitals, and two years after their book and practice were given to the profession both in French and English.

But let us now look at the extracts from the work in question, and test the claims set up for Dr. G. In their preface to the edition of 1837, the authors say, "We claim being the first to prescribe and employ topical medications in chronic diseases of the larynx." "We have ascertained that the *mucous membrane of the larynx* is accessible to topical applications, and should be treated like conjunctivitis, diseases of the pharynx," &c. Here it is manifest that the *interior* of the larynx is spoken of, for the "mucous membrane" is not on its *exterior*. Again, "Various methods have been devised to apply the caustic to the larynx. When we wish to operate upon the upper part of the larynx and the epiglottis, we take," &c. [here describing the form of instrument.] "When the porte caustic has passed the epiglottis, its extremity is to be depressed, which *buries* it in the upper part of the larynx." But the following sentence will itself suffice to show that the last pretence to *discovery* of what is elegantly styled the "excessive unirritability" of the mucous membrane in the *interior* of the larynx, is equally fictitious. "We must not confound the organic sensibility of the larynx that sympathetically causes the cough, with the *animal sensibility* of this organ, which is *very obtuse*. One must have practised, or seen these cauteries performed, to have any idea of their harmlessness, and of the little pain which results. We are very much afraid of cautery, for it is exceedingly painful on the skin or mucous openings, though *scarcely felt* in the pharynx, larynx, or neck of the uterus."

But to show that not a vestige of originality can be alleged for Dr. G., it will be seen in this work, that Trousseau and Belloc distinctly declare that they have ascertained a "method of bringing medications in form of vapor, powder or *liquid*, in contact with the *mucous membrane of the larynx*, without interrupting respiration. A method of treating the larynx by topical remedies, as we do the canal of the urethra, thus opening a new therapeutic avenue to laryngeal affections and rendering them curable."



The identity of practice is scarcely less perfect than the identity of words in which it is described in 1836, by Trousseau and Belloc, and in 1846, just ten years after, by Dr. Green. The whalebone, by the former, is directed to be bent at an angle of  $45^{\circ}$ , while the latter bends his over "a circle of four inches in diameter"! And as to the nitrate of silver in solution, the French authors say "we use it of various strengths; *sometimes* we put a drachm of the nitrate to two drachms of water, and sometimes half this strength," while Dr. G. talks of scruples as this reviewer says, but the book tells of "various degrees of strength."

Having thus shown that everything claimed for Dr. G. as discoveries, by his complaisant reviewer, has been explicitly anticipated in terms; we now proceed to prove, by extracts from the same work, that Trousseau and Belloc claimed not only to "make medicinal applications to the *interior* of the larynx," but even to the upper portion of the trachea. See page 136, where they modestly succumb to the older pretensions of Aretæus and Brettoneau to originality, and only claim to have improved upon their methods, and succeeded in introducing collyria *into the larynx*, as easily as into the eyes. And on page 49 they relate a case of successful "catheterism of the air passages, for the detection of a tumor suspected within the trachea," in which a gum-elastic sound was not only passed *into the larynx, down to the vocal cords*, the *ultima thule* of Dr. G.'s boasted feats of agility, but *through the trachea and into the bronchia*.

To show the recklessness of this reviewer, we now allude to his assertion that "*not one* of the men" who deny Dr. G.'s claim to have *discovered* anything, but has "irretrievably committed himself to the former position that it was never done at all, &c." Now this, and all the other attempts *by or for* Dr. G. to make it appear that any reputable anatomist or physiologist ever denied the possibility of topical medication to the interior of the larynx to the extent claimed, since the proofs furnished in 1837, by the publication of Trousseau and Belloc's work, are fabrications, as are the citations made in quotation marks, and ascribed here to certain nameless persons. And the ascription of such ignorance to those of us who have publicly exposed the plagiarism, is wholly untrue. The writer of this article was the first to "assail the originality of Dr. G." when the monstrous and ludicrous claim was put forth of his having "discovered" what had for years been the common property of the profession, before Dr. G. had ever heard of it by his own confession. The same lamentable want of information is betrayed by his eulogists, one of whom compares him to the illustrious Jenner!—a silly conceit, in which the reviewer profoundly concurs.

At the time the first article of "Medicus" was sent to the New York Commercial Advertiser, in reply to the anonymous notice furnished by the publishers, the writer withheld his name, only because he did not covet the imputation of obtruding himself before the public, and in the hope that Dr. G. would make the *amende honorable* by promptly disclaiming the fictitious pretension so indiscreetly made. At the same time the editors were authorized to use the name of the writer as authority for the facts named. Soon after, the book was read, and a review forwarded

at once to the Boston Medical and Surgical Journal, over the same signature, designed for the profession. Nor had any human being been privy to these critiques on the book, so that the insinuation that anybody, directly or indirectly, prompted them, is as false as it is malignant, and only betrays the "wincing of galled jades," whose "withers have been wrung" by the truth. Nor has anything written on the subject been retracted or regretted, so that those who "lay this flattering unction to their souls," are thankful for small favors. The writer yields nothing to intimidation, though "open as melting charity" to the claims of courtesy. Strongly entrenched behind the ramparts of truth, however, he fearlessly defies the imputation of either unworthiness of motive, or misstatement of fact, in the course which duty to a humiliated and outraged profession demands. Nor would he do Dr. G. injustice for his right hand, "not loving Cæsar less, but Rome more"; but hating all false pretence in the profession to which he has been ardently devoted from his youth, he has here resented the outrage done to the majesty of truth, the dignity and honor of the craft.

"Ask you what provocation I have had?  
The strong antipathy of good to bad.  
When truth and science an affront endures,  
The offence is mine, my friend, and should be yours.  
Mine, as the foe to every false pretence,  
Yours, as the friend of truth and common sense."

New York, January 28th, 1847.

MEDICUS,  
(*alias*) D. MEREDITH REESE.

#### PHILADELPHIA MEDICAL INSTITUTE.

[Communicated for the Boston Medical and Surgical Journal.]

WE have seen a pamphlet, the "Announcement of the Medical Institute of Philadelphia for 1847." This institution was founded thirty years ago by Dr. Chapman, to enable those medical students who remained during the summer in that city, to have the benefit of medical instruction, by lectures. The number of students in Philadelphia last winter, we are told, was over one thousand. And as it is made necessary that each should attend a course of clinical instruction at one of the two hospitals, it is apparent that but little advantage can be had during the winter months, and this more particularly so when the patient is too sick to be brought into the lecture rooms connected with these institutions.

Hence the founder of this Institute conceived the idea, that by uniting with himself other medical men of known talent, and continuing to lecture during the spring, summer and autumn, and instead of six lectures a-day there should be but two or three at most, a complete course of instruction could be given, which would be of inestimable value to the student. Thirty years' experience has proved the correctness of this great man's views; and although he and his associates have retired, yet it comes before the public with names which rank among the first in the profession in this country. Among the lecturers we perceive the names of Peace,



Norris, Gerhard and Pepper—names well known to the medical profession throughout the whole of the country. They are connected with the Pennsylvania Hospital. Professor Fraser is in the collegiate department of the University of Pennsylvania, and Dr. Neill is the demonstrator of anatomy in the medical department of that institution. Dr. Page is a young man of high professional attainments, and of great promise. He has been for several years the Surgeon of the Blockley Hospital, and Dr. Reese we are informed is admirably calculated to fill the station to which he has been appointed. Appended to the "Announcement" is a catalogue, containing the names of nearly two thousand of those who have attended these lectures.

The attention of your readers is called to this "Institute" by one who for years has known personally all the lecturers, with a single exception—and who, when he asserts that there are among them some of the brightest ornaments of the medical profession, assures you that he is not governed by any pecuniary motives, or misled by his feeling of friendship in making this assertion.

V.

February, 1847.

#### A NEW PLAN OF MEDICAL REFORM.

To the Editor of the Boston Medical and Surgical Journal.

MY DEAR SIR,—The causes that contribute to the origin and sustenance of empiricism, are subjects of interesting investigation at the present time. I think it a matter of regret, that many influential persons, fired by an ill-judged scientific zeal, have endeavored, by sober argumentation and rules of logic, to demolish the prevailing systems of quackery. All past experience proves, very conclusively, that to convince a man's judgment when his prejudices are enlisted on the opposite side, is a hopeless undertaking. Who ever heard of a single convert being made by a religious controversy? The antagonists themselves commence their set-to in all the over-boiling exuberance of christian charity—like a couple of friends sparring. One finally gives the other a dab which sets his nose to bleeding; he retaliates, and their light sparring becomes a serious matter of fist and skull.

Our friends of the *schools militant* commence their attack upon quacks, by the declaration of sundry sound and indisputable aphorisms—such as "truths are stubborn things," &c. To this I reply, "and so are asses"; there is nothing more difficult than to drive one of these long-eared gentry one way, when he pertinaciously sets his mind upon travelling another. Send a country lad to drive a pig: does he endeavor by compulsion to get the contumacious brute to walk off in the desired direction? Not he; he knows by experience that he would only get his labor for his pains—the pig, like Falstaff, will "give no man a reason on compulsion." The only way to succeed easily is to make the spirit of insubordination subserve his purposes, and he catches the animal by the tail to pull him in the opposite direction. Any other plan, he will tell you, is all gammon.

The wrong plan has been adopted for the opposition of homœopathy. Denunciations have been forged, and hurled with thundering sound, but no effect, at the credulity which enshrouds mens' faculties, and leaves them blind and willing victims to the doctrine of infinitesimal doses. The system has been handled with rough ceremony, and the monstrous faith in less-than-nothing doses assailed with the fury and indignation so easily excited by a threatened invasion of pecuniary interest; but the gaping crowd still swallow the little powders, and Herr Homœopath laughs in his sleeve as he pockets the fat fees so easily fished from the pockets of credulous hypochondriacs and hysterical women.

You are wrong, gentlemen! Cease your opposition; admit the truth of Hahnemann's nonsense; nay, outstrip him in fertility of invention and deception. If a homœopath tells you that a globule of sugar, moistened with the 30th dilution of a given remedy, and applied to the nostrils of a patient in extremis, will relieve him; reply to him, and shout to the world that we have a remedy, so exquisitely powerful in its influence upon the animal machine, and only known to allopathic physicians, that the same globule moistened with the 300th dilution (!!!) and applied to the nether end of a dead man, will bring him to life! You must learn the game of brag, and always "go better." Try your d—st (excuse Kentucky vernacular) to persuade people that there is really nothing strange in homœopathy, compared with some half-hatched system with which you are about to astound the world. Catch the pig by the tail, and two to one the "Dutch doctors" will soon be found upon some other hobby, denouncing their quondam favorite as the most insignificant, irrational, and transparent hoax that was ever devised and attempted.

So with hydropathy. If Priessnitz swears that he cures his patients by pouring cold water by the gallon down their throats, turn up your noses at him, and tell the world that you are much more successful by squirting buckets-full of hot water up the backway. He assails the enemy in front, you behind—he carries the citadel by storm, you by surprise; and I appeal to all authority to decide which manœuvre is the safest and best. If he publishes tables of cases that show a success amounting to 75 per cent., do you publish larger tables, and claim 95 per cent.! Admitting that you do not adhere to veracity, and that you are charged with it; you may be thankful that it is so, raise the cry of persecution, and your fortunes are sure.

A good while since, after Harvey had enlightened us concerning the circulation, it was announced to the world that life might be preserved, *ad infinitum*, by the process of transfusion. Old people pricked up their ears, and eagerly stretched out their emaciated arms to receive anew the vital current from a sheep! What a captivating idea! The grand secret of earthly immortality resting upon the piston of a pewter squirt! How the sublime blends down into beautiful harmony with the ridiculous! For a time syringes "looked up." But it was soon discovered that this great idea was "as the baseless fabric of a vision." And yet this was the wisdom of Solomon, compared with some notions fashionable in our day of new lights.



Homœopathy is certainly a very popular delusion, and, like some other delusions, exceedingly agreeable, if we could only persuade ourselves of its truth. Who would not rather be cured, "*cito et jucunde*," by the sugar of milk, than to die, "*secundem artem*," under the remorseless fire of a "regular practitioner's" prescription? What if a man is told, by sneering opponents of the system, that the homœopathic medicine is a very near approach to pap, and that it is exceedingly appropriate to his infantile credulity! Let those laugh that win. There has been a good deal of speculation concerning the origin of homœopathy. It has been attributed to ignorance, superstition and craft, and some are even uncharitable enough to believe that Hahnemann himself acknowledged, before his death, that it was all humbug. I profess, Mr. Editor, to be an observing man, and I think I can explain the matter to the satisfaction of every reasonable individual, of course including yourself in the category.

You remember, doubtless, that in old times people had no nerves—the old gentleman in the play said that he never had any in his life. Nerves and hysterics are things of purely modern invention. The "vapors" and the "blues" owe their existence to the "conventionalities of fashionable society." The hyper-sensibility which has, in these latter days, come to be considered the indispensable of refinement and fashion, seems to have extended to the stomach and bowels. A while since, an honest, rousing dose of physic was required to make an impression upon the sturdy organs of a patient—the encounter between the doctor and the disease was a fair stand-up fight, soon ended with hard blows, and no favors asked. But the fashion of us moderns, which makes a man the creation of starched dickies, high-heeled boots and tight waistcoats—the thing of a barber's brush and the tailor's yard-stick; and angelic woman, a swaddling lusus—a heterogeneous compound of wads of cotton, French chalk, buckram, and strips of whalebone, has drawn so exquisitely fine the delicate cords of human sensibility, that the "30th dilution" applied to the nose proves perfectly overpowering. There are thousands of persons now-a-days, of both sexes, who, under proper circumstances, can die Pope's aromatic death. Of course they come to life again, modestly expecting the performance to be encored! Great heaven! What is the world coming to, when sacred sensibility is worn as a harlequin's dress, to amuse an audience, and monkeys are become the highest objects of emulation to mankind? "Just to that point [remarks an ill-natured friend at my elbow] which so far divests them of common sense, as to make men credulous of infinitesimal agencies." Softly, my dear sir, we must take the world as we find it.

Do you not perceive that Hahnemann's system is the offspring of necessity and of nerves? You would begin your reformation where it ought to end: if you restore mankind to a state of health, bodily and mentally, and blunt by proper education the morbid sensibility of the nerves, homœopathy will die a natural death; but destroy at once the little globules, and what becomes of human nature!

Besides all this, Mr. Editor, we profess to be a little wiser than our fathers. I fancy, Sir, that we require something a little more pretending

than sheep saffron and barn-yard poultices to suit the taste of the present generation. If we cure diseases by conjuration which they encountered with the awful list of pills, potions and plasters; why not? We can even quote precedent for our practices. There was a famous pill, celebrated in Pindaric verse, which, with your permission, I will copy.

"A lampoon came among the rest,  
And thus the man of pill addressed,  
'Zur, hearing what is come to pass,  
That your too pill hath cured the king,  
And able to do everything,  
I've think, zur, I will make me find my ass!  
I've lost my ass, zur, so should like to try it:  
If this be your opinion, zur, I'll buy it.'  
'Undoubtedly!' the quack replied,  
'Yes, master Hob, it should be tried.'  
Then down Hob's gullet, core or kill,  
The grand impostor pushed the pill.  
Hob paid his fee, and off he went;  
And travelling on about an hour,  
His bowels sore with pains were rent;  
Such was the pill's suprising power,  
No longer able to contain,  
Hob in a hurry left the lane—  
And sought the grave—where Hob's two eyes,  
Wide staring, saw with huge surprise  
His long-eared servant Jack, his ass!  
'Adzooks! a lucky pill!'; quoth Hob;  
'Yes, yes, the pill hath done the job.'"

"Globules [remarks again my crusty friend] have discovered more asses in these times than did Pindar's pills; and, what is stranger, all are affected with the mange, the itch, or—something worse!" But, my good sir, this is not the fault of the system of Hahnemann. That fact does not condemn, by any means, the sugar of milk; only the mal-practice, and filthy habits of the times. We must do penance, in mercury and sulphur, for past peccadilloes, and thank God if this is the nearest acquaintance we are destined to have with brimstone. Allopathy has done nothing more (we are told) in 2500 years, than to discover these two specifics, and homœopathy, forsooth, must teach her to employ these properly! It remains to be seen what the "Young Physic," recently born under Dr. Forbes's obstetric management, will accomplish. Until then, with an apology for the length of this straggling epistle, allow me to subscribe myself, with great respect,

Lexington, Ky., Nov. 14th, 1846.

Your ob't servant,

OLD PHYSIC.

## ETHEREAL GAS IN RUTLAND COUNTY, VERMONT.

To the Editor of the Boston Medical and Surgical Journal.

SIR.—This great patent pain preventor has made its appearance among us, under the superintendence and special direction of two very respectable members of the medical faculty in this county, as wholesale and retail dealers, with power to sell individual and township-rights to those whom they may deem worthy or qualified to take charge of this curious and important article—said to be the result of a tedious and tried investigation of Dr. Morton & Co. Truly, sir, this is an age of invention and improve-



ment; and, we had hoped, of benevolence, especially among medical men. But alas! for the medical profession! If this kind of quackery is tolerated by the brotherhood generally, I say alas! for medicine! However, in view of what is, let us ask—has there been an invention in the article alluded to? Has our good friend Dr. M. discovered, manufactured and brought to light, a substance or article before not known? Has his benevolent mind and skilful hand wrought into being a monster, leviathan-like in power, to be placed under the control of a few, whom fortune has favored? Noble man, a noble deed. Already do we see even our own county papers teeming with loud-sounding certificates, lauding the “lion,” or rather the letheon of the day.

And now, Mr. Editor, I must protest against any man, or set of men, “patenting” an article of our *materia medica*; much less the application of that article, either simple or compound. It is true that rectified sulphuric ether produces, when taken by inhalation, at first, a powerful stimulating effect upon the system; and secondly, a narcotic influence, which soon succeeds the first. At this crisis, the ethereal vapor is removed from the patient, and in a short time the said influences pass off without apparent injury. While in this state of stupor, minor operations may be performed by the surgeon with, perhaps, less pain to the patient; but I cannot, as yet, believe that this genteel mode of making patients “dead drunk” commends itself to the public, so much as to require the shield of legal right. If so, why not make all doctors “patent doctors,” and all medicines “patent medicines,” and let the whole system of “patents and patentees” have their full course, “run and be glorified,” and give to those craven spirits that thirst for gold, the offering that they themselves bring.

Viewing this subject in the light I do, I shall use, in all forms, all medicines, and all drugs, of which I now have knowledge, or may have hereafter, in all places, and under any circumstances, where the good, comfort, benefit, or best interest of my patients may require.

Very respectfully yours.

*Pawlet, Vt., January, 1847.*

A. S. H.

#### EXCESSIVE VENERY—SOFTENING OF THE BRAIN.

[A CORRESPONDENT, a Surgeon in the U. S. Navy, has kindly favored us with the following case, which occurred under his care.

Henry Butler, Negro, æt. 35, was admitted upon the sick report of the U. S. Naval Hospital, Port Mahon, upon the evening of January 4th, 1845, with disordered stomach. Ordered *R. Ipecac.*, 3 ss.; and after its operation, *sulphas magnesia*, ʒj.

5th.—Is much better; complains only of debility. No medicine required. Diet.

11th.—For the last six days has complained of nothing except debility. Yesterday was indiscreet in his diet. This morning is jaundiced. *R. Mass. hydrarg.*, grs. iij.—ter in die.

12th.—Same state. Continue mass. hydrarg. Is rather more debilitated. R. Quinine, grs. iij.—in solution ter in die.

13th.—Stop mass. hydrarg. Continue quinine as before.

14th.—At 7, A. M., was found in a state resembling catalepsy; is with great difficulty aroused; keeps his teeth firmly together; refuses to take either food or medicine. Pulse is slow and feeble; skin cool. Brandy p. r. n., and sinapisms to extremities.

15th.—Remains in the same state as yesterday. Continue treatment, and apply sinapisms to epigastrium.

Evening.—But little brandy has been introduced into his stomach. His surface is cold; pulse very feeble and slow. Blisters to nape of neck, and continue stimulus.

16th.—This morning slight re-action; pulse is more full; skin warm. Continue brandy as before. At 5, P. M., he became comatose; stertorous breathing. Continued to sink until 10, P. M., when he died.

*Autopsy*, fourteen hours after death.—Substance of the brain softer than natural, with some congestion of the membranes. Medulla oblongata, for a space extending downward about two inches from the origin of the eighth pair of nerves, was so much softened as to break easily under the fingers. The lower part of the left lobe of the cerebellum was found in a similar condition. The entire cerebellum softer than natural. The stomach and liver healthy. No other parts examined.

After the *post-mortem* examination, it was ascertained from one of the companions of Butler, that he had for the last six months complained almost constantly of a dull pain in his head, although he did not allude to it whilst under my care. He was not addicted to the use of spirits. He had been living on shore for two weeks prior to his admission into the Hospital, and had indulged in venery to an incredible extent, and had boasted of an extraordinary performance of this kind a night or two before I first saw him.

The case is reported more for its phrenological than professional interest, and I leave for your readers to determine which was the *cause* and which the *effect*.

#### DISEASES OF LEWIS CO., MISSOURI.

[DR. KNIGHT, of Monticello, in a recent letter, speaks thus of the region in which he resides, and its diseases.]

This County borders, for twenty-five miles, on the Mississippi river, which has bottoms varying from one quarter to three miles in width. The balance of the County is very equally divided into prairie and timber lands. The timber is situated on the margins of small streams and creeks, which traverse the County in many directions. The timber land has thin, clayey soil, except the small bottoms along the water courses. The prairie lands are high, rolling and dry, having a black, sandy soil, with an under stratum of clay. They are covered with thick grass, which remains green till the frost appears, generally about the first of October.



The past season there was almost a continued rain until the first of July. No more fell from that period till the first of the following October. We had the most extreme heat during the summer that was ever known in this latitude. The thermometer, for sixty days, commencing the 6th of July, stood, during some part of each day, above 90°, with the exception of one day in August.

Sickness, what is here called the fall diseases, intermittent and remittent fevers, commenced about the 12th of July, and on the prairie and high grounds not a family escaped, and hardly an individual. Many of them had the most violent attacks of congestive fever, which was treated by me with quinine in large doses—say from eight to twenty grains at a time. My practice has been, when called to see a person laboring under an attack of fever, to prescribe some diaphoretic during the evening; and commencing, as soon as any remission occurs, which will be generally early in the morning, and give quinine in such doses as to get into the system from twenty to thirty grains during four hours; then wait till evening, and prescribe a mercurial cathartic. In giving the quinine, I go upon the principle that the greater the fever the larger the dose of the drug required, so that it may operate on the nervous system, for I hold that all the fall fevers in this country are produced by the cause operating through the nerves.

---

## THE BOSTON MEDICAL AND SURGICAL JOURNAL.

---

BOSTON, FEBRUARY 10, 1847.

---

*Meeting of the Counsellors of the Massachusetts Medical Society.*—On Wednesday last, although the weather was rather unfavorable, a goodly number of Counsellors were punctually present at 11 o'clock, the hour designated in the notices. Some alterations were made in the by-laws, which in due time will be published. Dr. Bigelow, the President, announced that he should not be a candidate for office the ensuing year. The object, in this annunciation, was for the purpose of giving seasonable opportunity for selecting a successor. A change of feelings, and of policy, too, on the part of some of the gentlemen who opposed the election of delegates to the last National Medical Convention, was as striking as it was gratifying. It is utterly useless for the Massachusetts Medical Society, or any of its most influential Fellows, to oppose such measures as are contemplated by that medical congress. When the whole medical public are determined to effect changes, in accordance with the spirit of the age in other departments of society, the sturdy advocates for the old usages and customs of our forefathers must give way. It is better to yield a point that promises to produce a great amount of good, than to excite ill will by cold indifference to the views of the majority. Happily, the Council were united in the proposition again presented, to send a representation from the Society. The following members were nominated from the Chair, and elected delegates

to the next National Convention in May: viz., Dr. Stephen W. Williams, Deerfield; Dr. Enoch Hale, Boston; Dr. Elisha Huntington, Lowell; Dr. A. L. Peirson, Salem; Dr. Royal Fowler, Stockbridge; Dr. J. V. C. Smith, Boston; Dr. Joseph Sargent, Worcester; Dr. Z. B. Adams, Boston; Dr. Lyman Bartlett, New Bedford; Dr. E. W. Carpenter, Sandwich; Dr. Wm. Bridgeman, Springfield; Dr. O. W. Holmes, Boston; and Dr. Geo. C. Shattuck, Jr., Boston. Thus the reproach upon the old Bay State, of tardiness in giving in its adhesion to the great national scheme for elevating the profession, can no longer be cast upon us. Other business was despatched actively, yet with due regard to the best interests of the institution and those associated with it.

We regret, in common, it is believed, with every member of the Society, the determination of that excellent presiding officer and learned physician, Dr. Bigelow, to withdraw from the Chair. Under his administration, the meetings have been conducted with dignity and satisfaction to all who have had the happiness of being present on business occasions.

---

*Influence of Occupation on Life.*—In the fifth Massachusetts Registration Report, several tables are presented to show the average value of life in persons who pursue different occupations. From the imperfection in many of the returns of marriages, deaths, &c., it is not unreasonable to suppose that this department of the registration schedule is far from being perfect. Beginning with clergymen, and running through a catalogue of one hundred and thirty-seven different callings—the distinct pursuit by which an individual is supposed by the community to earn his bread—the longest lived men in the State are sculptors. Perhaps, however, as only one of the craft has died since the establishment of registrations, this solitary artist's decease is not a criterion of the longevity they may attain—especially when the fact is recollected that he reached the advanced period of ninety-three years. The next employment conducive to, or rather not incompatible with, a length of days, is that of a midwife—one of whom reached ninety-two. Here, too, was but a single person devoted to that branch of industry, so that no valuable fact is established by this record. In 1846, the average age of gunsmiths and potters, was eighty; and two pump and block makers finished their eighty-second year, which is a good argument that that kind of mechanical enterprise is favorable to health. Fourteen clergymen were carried to an aggregate of 897 years, which shows the age of each one to have been 64.07 years. Eight lawyers lived to be fifty-nine—by which it appears that there is nothing essentially injurious to the machinery of organic life in that profession. Twenty-one physicians had allotted them only 47.64 years. There are few or no holidays to this class of men. Professional cares prey upon constitutions operated on by other forces, such as exposures to all the vicissitudes of weather, broken sleep, irregular meals, &c., which individually war against a long life. A furnace man in 1844 had reason to expect that he might live to be 39.71 years old; in 1845, however, he could only calculate on 32; and in 1846, nothing could be more discouraging, since his chance fell down to only 22 years, which is the shortest life in the whole column of 137 trades and professions. Teachers are on the gain in point of longevity, which may probably have been caused by the better systems of ventilation demanded from one season to another by those who are especially interested in the public health. Fourteen teachers, in 1844, lived to be 33.78; in 1845,



there was a very perceptible loss, the average of life being but 29.85 for 21 persons. In the third tabular arrangement for 1846, 45.78 years was a surprising gain, illustrating the importance of improvements in the construction of school houses both for air and exercise. Those styled gentlemen, in the old Puritan Bay State, seem to have spun out the thread of life to a very satisfactory period. Whether it is to be understood that they were simply consumers and did nothing towards producing, is not mentioned. It is nevertheless curious to ascertain, from a reliable source, that a gentleman has a better chance for a good old age here in the variable temperature of New England, than many who conceive themselves more entitled to whatever is desirable, from having eaten the bread of carefulness, and also contributed to the moral and physical elevation of the community. During 1844, these "gentlemen" saw 77.14 years; in 1845, 68.11; and in 1846, ten of them attained 66.20 years. It appears from this report that more carpenters and shoemakers die annually, in Massachusetts, than persons from any other trades. This may in part be caused by the greater number in those professions. In 1844, 76 carpenters died; in 1845, 79; and in 1846, 70. The average of life at that period, was 48.94 years. In corresponding years, 110 shoemakers died the first, 134 the second, and 133 in the last.

In conclusion, it may be remarked, with safety, that there is room for vast improvements in this new idea, in the United States, of registration. When the people are sufficiently convinced of the utility of the undertaking, and the legislature offer a little compensation for the collection of statistical returns from every town and hamlet in the Commonwealth, then the registration will be more complete, will assume more character, and will vie with similar documents in the mother country.

---

*Royle's Materia Medica.*—So numerous are the works in this department, that one feels himself somewhat puzzled to ascertain which system or what author has the highest claim upon his confidence. But since we fully realize the fact, that our knowledge of remedies in all the kingdoms in nature, is necessarily progressive, and "that every day develops something both new and essential to have and to prescribe, in the management of diseases," it should be a subject of congratulation with medical practitioners, whenever additions are made to the common stock already accumulated in dispensaries. Dr. Royle seems to have been a man of uncommon industry, whose mind was constantly influenced by a desire to enlarge the boundaries of this already widely-extended field of inquiry. While he resided in India, his researches into the antiquity of Hindoo medicines prepared the way for a reputation which is now extensively known. The title of his work is as follows: "*Materia Medica and Therapeutics, including the preparations of the Pharmacopœias of London, Edinburgh, Dublin and the United States, with many new medicines.*" By J. Forbes Royle, M.D., &c., Professor of Materia Medica in King's College, London. Edited by Joseph Carson, M.D., Professor of Materia Medica in the Philadelphia College of Pharmacy, &c. With ninety-eight illustrations." The work has been brought out by Lea & Blanchard, in the best manner. It is a large octavo, containing 689 well-filled pages. The internal sub-divisions of the volume run thus:—Operations of pharmacy; pharmaceutical chemistry; mineral materia medica; vegetable materia medica; medicinal plants, from ranunculaceæ to fungi; products of fermentation; etherification; acetous

fermentation and destructive distillation; animal materia medica, from porifera to mammalia. Lastly, physiological and therapeutical arrangements of the materia medica.

As a whole, it is a very copious and complete treatise, quite indispensable to those at all ambitious to keep pace with the rapid advances that are being made in medical science, and we unhesitatingly recommend it to our readers. We thank Dr. Carson for the favor he has conferred on the country by bringing it under the eye of publishers who will distribute it over the Union.

---

*Hand-Book of Human Anatomy.*—By copying the title-page of this new treatise, the best notion will be given of the author's object in writing it. "Hand-Book of Human Anatomy, general, special and topographical. Translated from the original German of Dr. Alfred Von Behr, adapted to the use of the English Student, by John Birkett, &c., of the Royal College of Surgeons, and Demonstrator of Anatomy at Guy's Hospital." Messrs. Lindsay & Blakiston, of Philadelphia, evinced their accustomed discretion in selections for re-publication, when they decided upon presenting this to the medical students of the United States. There is a degree of exactness in the construction of the work which is very necessary to the orderly progress of the student in pursuing his course in elementary anatomy. We are reminded by it of that extremely valuable, but quite neglected system of anatomy, by Andrew Fife, perhaps more minute than any distinctly anatomical text-book extant in our language. The translator of this Hand-Book has strictly endeavored to embody the descriptive parts in the fewest words—as the reader would readily perceive, were he not notified of it in the preface. No plates are given, which must be regarded as a defect. However, they are by no means so scarce in libraries as not to be accessible to those who may feel that they are needed to fully understand the text of the author. The book, which is well printed, and comprises 487 pages, may be had of Ticknor & Co., in Boston.

---

*Yale College Medical Graduates.*—On the 20th of January a full Board of Examiners were present, viz.: on the part of the Connecticut Medical Society, Archibald Welch, M.D., of Wethersfield, *President*; George Sumner, M.D., of Hartford; Josiah G. Beckwith, M.D., of Litchfield; William H. Cogswell, M.D., of Plainfield; Rufus Blakeman, M.D., of Fairfield; and Richard Warner, M.D., of Middletown; and on the part of Yale College, Professors Silliman, Ives, Knight, Beers, Hooker and Bronson. Twenty-one candidates, who had attended at least two full courses of lectures, and complied with the other legal requirements, were recommended for the degree of Doctor in Medicine, and received diplomas from President Woolsey, of Yale College; and three, who had attended one course of lectures, received licenses from President Welch, of the Medical Society.

The annual address to the candidates was given by Rufus Blakeman, M.D., of Fairfield, of the Board of Examiners.

Josiah G. Beckwith, M.D., of Litchfield, is appointed to give the annual address in 1848, and George Sumner, M.D., of Hartford, his substitute.

---

*Geneva Medical College.*—A pleasant and profitable course of lectures to the medical students having been closed for the season, an address was



made to the graduating class on Tuesday, January 26th, by Charles A. Lee, M.D., which was "an exceedingly interesting, practical and instructive production—one which must have impressed itself deeply on the minds of those to whom the speaker particularly addressed himself. The main object was to hold up before the eye of the young practitioner, as the guiding star for his future course, an elevated sense of moral duty, and to show that an unfaltering pursuit of the path which it pointed out was the surest, indeed the only true method, by which true eminence in the profession was to be attained. It is sufficient to say that this design was successfully accomplished, and this is the highest praise that we need to give to the address."

Before Dr. Lee's address, the degree of Doctor in Medicine was conferred on the graduates, forty-three in number.

*Mr. Liston on the Respiration of Sulphuric Ether.*—In the London Lancet of January 2d, we find the following letter from Mr. Liston to Dr. Boott, appended to the transcript of the article which appeared first in our Journal. We have ourselves seen the original of this letter.

"Clifford street, December 21, 1846.

"My Dear Sir,—I tried the ether inhalation to-day in a case of amputation of the thigh, and in another requiring evulsion of both sides of the great toe-nail, one of the most painful operations in surgery, and with the most perfect and satisfactory results.

"It is a very great matter to be able thus to destroy sensibility to such an extent, and without, apparently, any bad result. It is a fine thing for operating surgeons, and I thank you most sincerely for the early information you were so kind as to give me of it. Yours faithfully,

"To Dr. Boott.

ROBERT LISTON."

*Massachusetts Lunatic Hospital.*—We have received the fourteenth annual report of the Trustees of the State Lunatic Hospital. The Trustees pay a well-deserved tribute to Dr. Woodward, to whom, in an eminent degree, they say, is to be attributed all that has made the Hospital a blessing and a glory to the Commonwealth. The Trustees are happy to express their belief "that, under the administration of Dr. Chandler, the usefulness and reputation of the Hospital will be maintained, and that those concerned in its welfare may rely on his ability and his solicitude to perform all the professional and other services which properly devolve upon him."

TO CORRESPONDENTS.—We cannot possibly find room in the Journal, as requested by a friend, for the article by Sir Philip Crampton, in the London Lancet, on "Frauds of Mesmerism." We always endeavor to avoid, likewise, copying from that work after the American re-print is sent out. The following communications have been received: one on Diseases of the West by Dr. Stone; one from Paris, by Dr. Clendinen; one from Dr. I. R. Smith; one on the Treatment of Insanity; one on Apothecary Doctors; one on Homœopathy; and one on Dental Reform.

*Report of Deaths in Boston*—for the week ending Feb. 6th. 54.—Males, 28—females, 26. Stillborn, 5. Of consumption, 15—influenza, 2—dropsy, 2—typhus fever, 2—dropsy on the brain, 3—convulsions, 1—lung fever, 7—infantile, 2—cancer, 1—inflammation of the brain, 1—disease of the brain, 1—croup, 2—scarlet fever, 2—old age, 2—teething, 1—tumor, 1—delirium tremens, 1—accidental, 1—bronchitis, 1—suffocation, 1—hooping cough, 1—inflammation of the lungs, 1—child-bed, 1—ulcers, 1—disease of the bowels, 1.

Under 5 years, 22—between 5 and 20 years, 3—between 20 and 40 years, 14—between 40 and 60 years, 11—over 60 years, 4.

*Value of the Ethereal Inhalation.*—Dr. Parmele, an eminent dental operator in the city of Washington, gives his views on the subject thus:—

“That such inhalation will and does, in many cases, produce the desired insensibility, there is no doubt: but there is a question involved in this matter of serious import. That it has in some instances been productive of evil, I think no one can successfully deny; and I believe even its warmest advocates admit that it is not without its danger.

“I have for some time had it in my possession, and am duly authorized to use it; but from its first introduction I have been quite doubtful as to the propriety of administering it, especially in ordinary cases of extracting teeth. It has ever been my opinion that an article possessed of sufficient power to suspend thus suddenly the functions of sensation, must be, in the nature of things, prejudicial to the animal economy, and if used *at all*, should be used in the most cautious manner, and by none others than those eminently qualified to judge of the expediency of administering it; and I have determined in my own mind that I should administer it to no one without a certificate from their family physician saying that in their particular case it would be harmless; and even then I should do it with some degree of reluctance. I consider it far more prudent to prepare for the simple operation of extracting a tooth by inhaling the innocent compound vapor of resolution and common sense, than hazard the serious, and perhaps fatal, consequences that might arise from the use of so powerful an agent. I have conversed with numerous persons relative to this subject, many of whom did not seem to be aware that any evil was to be apprehended from its administration. Possessing the right to make use of it as I do, I presume I shall not be suspected of an attempt to excite undue prejudice against it. My object is to bring it before the public in its true light, and should it prove to be what its friends claim for it, I shall not be found backward in joining with them in its praise; but for the present I feel it my duty to act with prudence, and would recommend to others, either in giving or receiving it, to observe proper caution.”

---

*On the Injurious Effects of Camphor.*—Such effects of this agent, when used as a dentifrice, have been recently very positively asserted, and contradicted with not less decision. Experience is in favor of this latter opinion. A subject more deserving of attention, is its influence as an internal agent; for we find, that—“At a late meeting of the Société Medico-Pratique at Paris, many of the members cited facts tending to prove that camphor is a medicine, the abuse of which is extremely dangerous. M. Homolle related a case of phthisis, in which he prescribed more than twenty grains of camphor, in divided doses, in the twenty-four hours; the effect of which was, that the patient was attacked with frightful dyspnoea, continued nausea, and violent palpitation of the heart, all of which symptoms were with much difficulty subdued. Dr. Gaide mentioned the case of a man who was in the habit of taking camphor in very large doses, as a consequence of which he became affected with aggravated diphtheritis. M. Moreau stated, that he had seen a lady attacked with acute meningitis, which only yielded to the most active treatment, from having taken large doses of camphor to cure an obstinate neuralgic affection. Dr. Labarraque said, that a butcher, for whom he had prescribed six grains of camphor, was attacked with violent vomitings which nearly proved fatal.”—*Dublin Journal.*



THE  
BOSTON MEDICAL AND SURGICAL JOURNAL.

---

VOL. XXXVI.      WEDNESDAY, FEBRUARY 17, 1847.      No. 3.

---

FOREIGN CORRESPONDENCE.—EPICANTHUS.

*Extract from the "Treatise on the Diseases of the Eyes," by Professor Desmarres, in progress of translation from the French by Wm. A. Clendinen, M.D., of Baltimore, Md.*

[Communicated for the Boston Medical and Surgical Journal.]

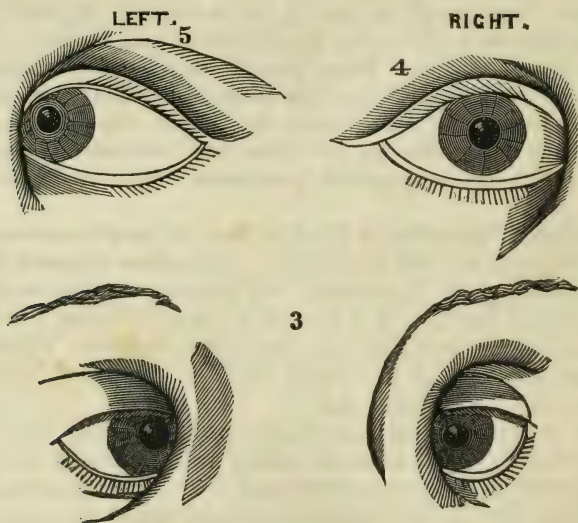
**ARTICLE 7th.**—Professor d'Ammon, of Dresden, first noticed and described this deformity, to which he attached the name it now bears. (Teitschrit, Vol. I., p. 533.) It consists in the existence of a semilunar fold of skin, whose concavity is turned outwards, and which sometimes advances so far as to cover the inner portion of the cornea. This fold is united at its convexity to the skin of the nose, at its superior extremity to the skin of the brow, and at its inferior extremity to the skin which covers the lower and inner edge of the base of the orbit. It results from this disposal, that vision laterally is possible but in one eye, the other conceals itself in the internal angle under the cutaneous fold, which at the same time masks the caruncula. When placed on the side opposite to the epicanthus, we recognize that it is just so far distant from the eye, as this is placed profoundly in the orbit, so that it may be easy to pass the extremity of the finger between the globe and the posterior face. Epicanthus is congenital or acquired, monocular (figs. iv. v.) or double (fig. iii.).

The congenital, according to M. d'Ammon, is simple or complicated with blepharoplegia, or with strabismus. Epicanthus acquired should be divided, according to our observations, into permanent when it is the result of an alteration of the skin, of a burn, of a wound, or when it is consecutive to a caries of the orbit, &c.; and into temporary when it is the result of an inflammation of the teguments (erysipelas, purulent ophthalmia), of blepharospasm, &c. (carron, &c.).

We have published in the *Annales d'Oculistique* (Tom. VI., p. 236), a case of temporary epicanthus, so curious that we think it proper to recount it briefly here because of its rarity. "The epicanthus did not appear until the fifth day of a purulent conjunctivitis, at the moment when the inflammation was declining. During three other days it advanced little by little towards the cornea, to such an extent that, when the child was looking straight before him, the middle of the semilunar plait formed by the skin, covered not only all the inner portion of the sclerotica, but also about a line in extent of the cornea. Having made this progress, for

two days the epicanthus remained stationary ; when the fold began gradually to retrograde towards the inner angle, so that by the fourteenth day it did not cover more than the interior third of the caruncula lachrymalis. Finally, towards the twentieth day, the malady had disappeared without leaving any traces.

The treatment of epicanthus is surgical or medical, according to the producing cause. When it is congenital and exempt from complications, we will practise the operation known under the name of rhinoraphy, proposed by M. d'Ammon, which consists in seizing, on the dorsum of the nose, either with the fingers or forceps, a vertical fold of skin sufficiently large to cause the deformity to disappear, and then cut it with strong scissors. The loss of substance on the nose, of the form of a myrtle leaf, is of a variable extent, as the epicanthus is more or less remarkable. We effect the union by means of pins placed transversely, and sustained by the twisted suture. This operation perfectly remedies the deformity. But should the epicanthus be monocular, it will suffice to take out the exuberant semilunar portion of skin by means of scissors, whose convexity will be calculated by that of the fold to be cut away ; and the cicatrix consequent thereon will be hidden in the inner angle of the eye operated on. This is the means of which I propose to make use in the next case of double epicanthus which I shall have occasion to notice, with a view to avoid making a vertical wound on the nose, which leaves in this place a scar, linear it is true, but still one always visible.



3, Epicanthus double. 4, 5, Epicanthus monocular.

“ When the epicanthus is accidental it is necessary to inquire into the cause which has produced it. We will see presently an observation of a case, in which the treatment directed against an inflammation of the eyelid caused this affection to disappear promptly.”



The drawings are copied from the valuable work of Professor d'Ammon, and fully delineate the appearance of the deformity. The numbers correspond with the French edition of the plates.

# TREATMENT OF TYPHUS.—DR. GILLETTE'S REPLY TO DR. REED.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—In your Journal No. 21, page 428, I notice a communication from Dr. E. F. Reed, in which, contrary to his usual courtesy, his indignation seems to have been somewhat roused, on account of some remarks made by me in a previous communication in review of Dr. Sill's dissertation read at the Annual Convention of the Connecticut Medical Society. Dr. Reed states that I have cast unmerited suspicions on the character of Drs. T. Sill, W. S. Pierson and himself, for truth and veracity. Now I hold that he cannot justly come to this conclusion, from anything I have stated in your Journal of the 29th of July. That he has misrepresented my views, therein contained, I shall endeavor to prove, not only by my own, but, what will be much more convincing, *his own* arguments on the subject.

With regard to Dr. Pierson's practice, and his fifty annual cases of typhus fever, Dr. Reed enters into a labored argument to show, that the typhus and typhoid fevers which Dr. Pierson calls typhus, Hartford physicians and medical authors do *not* call typhus. This is all I endeavored to show in my communication. It makes a material difference in the ratio of deaths that occur in an individual's practice, whether we take all the cases that manifest any typhoid symptoms, or take typhus fever strictly so called by authors. It was the success of this mode of treatment, not the veracity of the individuals, that we were criticizing, and Dr. Reed has partly explained why Dr. Pierson has had but one in a hundred of his cases prove fatal. In addition to this, when we take into consideration the mode of treatment adopted by Dr. Pierson, which Dr. Sill says corresponds with his own, the early use of opium and other stimuli, which Dr. Good says, "when given early to obviate the symptoms of exhaustion and debility, *produce* the very symptoms they were designed to remedy," we may naturally come to the conclusion that many cases are thus made typhoid, which in the Hartford physicians' hands would have passed off without assuming any typhoid symptoms. Taking the above circumstances, and more particularly Dr. Reed's argument, into consideration, I shall not, and I presume no one will, differ with Dr. Reed in his conclusions, that Dr. Pierson has not been "overrated" in the number of his cases.

Dr. Reed's unjust suspicions removed, and Dr. Pierson's veracity substantiated, we come to another subject mentioned by Dr. Reed, viz., misquoting Dr. Sill's dissertation. In the quotations, I have endeavored to give the full meaning of the author, and at the same time make the communication as short as possible, in order to suit the limits of your Journal. Where a repetition of the same sentiment has occurred in the same sentence, I have omitted it. For instance, I am called to account

for quoting, "I believe almost every case may be considered safe, while there is no evacuation from the bowels." I have omitted the latter part of the sentence, which repetition Dr. Reed considers very important: "for I have never known a fatal termination, when entire control was had over the bowels, during the progress of the disease." The reader will judge whether it was necessary to append the latter, in order to express the author's sentiment. That fatal cases do occur in the practice of individuals, where entire control has been had over the bowels, during the progress of the disease, Dr. Reed's own note-book would testify, if he has kept a faithful record of his cases during the last three months. Again, I have omitted the preamble expressed by Dr. Sill, "There may be cases where emetics and cathartics may be useful as temporary auxiliaries," and quoted only, "Emetics and cathartics I consider rarely or never necessary," the latter being, in substance, the repetition of the former. Again, in the following quotation, to accomplish the main indication, "there is no article in the *materia medica* more safe, more efficient, or more indispensable, than opium in the early stages of the disease, to allay morbid irritability, &c." Here, Dr. Reed says, I should have added the word irritation, after the word irritability. As the two words are, in the sense used, synonymous, we had supposed it unnecessary to use both to express the author's meaning. As to the use of opium in the latter stages of this fever, which he says I have not quoted, the reader will find, by referring to the July No., that it was the early use of opium and other stimuli, to which my remarks were confined. Whether the remarks made in the following quotation from my former communication in the July No., page 511, which Dr. Reed attempts to ridicule, are justly entitled to this consideration, the reader will judge. "I believe that opium, judiciously administered, is one of the best remedies that we possess, in many cases of typhus fever, especially where the patient has been addicted to habits of intemperance. I believe in the beneficial effects of opium in moderate quantities, combined with ipecac. during the continuance of many cases of typhus; and where the bowels are affected by diarrhœa, it is universally required. But I protest against the indiscriminate use of the article as recommended by Dr. Sill in his dissertation, in the following quotation. 'To accomplish the main indication, there is no article in the *materia medica* more safe, more efficient, or more indispensable, than opium; in the early stages of the disease, to allay morbid irritability, and as the king of stimulants, it has its important place.' 'The coma is more easily overcome by opium, at short and regular intervals, than by any other remedy.'" Dr. Reed would represent, in the Dec. No., page 430, that I condemn opium entirely in all stages of typhus. The following are his remarks. "The use of opium in typhus, Dr. Gillette says, is indiscriminate, and he (we suppose solemnly) enters his protest against it." I would ask, does this give a fair representation of my remarks on the use of opium, contained in the above quotation? Neither has he done any better justice to the sentence which he says I have paraphrased.

While Dr. Reed is complaining of my misrepresentations, misstatements



and perversion of facts, he is unfortunately guilty of the same thing in an aggravated degree. Dr. Reed says, "Dr. Sill nowhere in his dissertation has mentioned the number of weeks, nor specified the length of time, he would suffer the bowels to remain unmoved, but only during the progress of the disease." This Dr. Reed concludes will not generally be more than two or three weeks before convalescence takes place. Now according to my observation, those cases which have been treated according to the plan laid down by Dr. Sill, have been more protracted than those treated in a different manner, and great numbers pass the longest period he has mentioned, before convalescence takes place. If the patient passes the shortest period he has named without an evacuation, it ought to be sufficient to satisfy the most ardent admirers of this mode of treatment. Dr. Reed says that the accumulation of feces without the power of expelling them, and troublesome disease of the rectum, to which I alluded as the effect of protracted constipation, "is not founded on fact, nor can it be supported by facts, but the evils mentioned are creatures of Dr. Gillette's imagination, or the account is a mere fabrication for sinister purposes." The correctness of the above assertion, Dr. Reed proves, "in his way," by the following lucid argument. After relating a case where artificial means were required, on account of debility of the abdominal muscles, he says, "As this is the only case that has occurred in my practice, so I had supposed that none of the kind had ever occurred among the patients of others pursuing this mode of practice, until otherwise informed by Dr. Gillette." As correctly might he have supposed, that because he had not seen the Egyptian plague, therefore no other person had ever seen it. After such an argument, it may be vain for me to attempt to substantiate the above assertions, and I shall only state that such evils have occurred in cases which have been under the care of physicians pursuing this mode of practice, Dr. Reed to the contrary notwithstanding.

In Dr. Reed's remarks on my mode of practice, he says "It is a compound of everybody's, but so indefinite, intermixed and snarled, that no one can tell with which end to begin to unravel," and that he shall "make no attempt to analyze it." That my practice was a compound of everybody's, is more of a compliment than I had supposed the gentleman was willing to bestow on me. It is more than can be said of his, for few practitioners in this State, or in the United States, ever adopted the plan he recommends, and these few are yearly becoming less. When a physician gleans from the private practice of individuals, of hospitals, and medical authors, and concentrates in himself the good and eschews the evil, it may be called a compound of everybody's practice, an honor which I do not claim for myself. When a physician becomes so wedded to preconceived notions, that he blindly shuts his eyes to all the valuable experience which has been introduced into practice for the last twenty years, and enters into a *stereotype* practice in the treatment of typhus, regardless of the symptoms that occur, he will have a practice peculiar to himself, and not a compound of everybody's. The plan of treatment recommended by Dr. Sill and endorsed by Dr. Reed, may not unjustly

be called the *rail-road* practice, the locomotive power of which, is dependent on the steam from the use of opium, brandy and pepper. Without regard to any obstruction that may exist upon the track, all that appears to be necessary in this plan, is to apply the steam and "go ahead." That cases exist where opium, brandy and pepper are useful, even in the early stages, and more frequently in the latter where exhaustion takes place, no one will question; but this does not prove that we should adopt for a general rule of practice what plainly belongs to rare cases. The remarks of Tweedie are very correct on this subject. In speaking of the use of stimulants he says, "Though given by some practitioners in every stage and complication, without regard to circumstances or symptoms, yet as the effect of fever on the various organs is more minutely traced, the *stimulant plan of treatment* must, from conviction, eventually be abandoned. These remarks apply to the indiscriminate [I trust the author will be pardoned for using the word] use of wine and other stimuli, in fever, but are by no means intended to convey the idea, that there are no forms of fever, or special circumstances, which not only render this class of remedies proper, but indispensably necessary to save the life of the patient."

I have not, as the gentleman would represent, boasted of my own success. I spoke of this mode of treatment and its success, in comparison with that recommended by Dr. Sill and endorsed by Dr. Reed, not in my own practice, but in that of my medical brethren around me. As Dr. Reed has indirectly hinted to a want of success in my own private practice, I trust the reader will pardon me for saying that I was not aware of having lost a case of typhus or typhoid fever, for the last four years.

[A paragraph is here omitted, as being of a nature likely to call for rejoinders which might interminably lengthen the controversy.—ED.]

From the remarks of Dr. Reed upon the word *indiscriminate*, I should suppose that he considered it an improper word to be introduced into a medical discussion. I hold that Dr. Sill's remarks in the following quotation lead to indiscriminate practice, inasmuch as he prescribes for the name in his plan of treatment, without regard to symptoms. "Ought we not rather to adopt some general principle of treatment, which would meet alike the mild and grave cases; for although the indications in the one case are far more imperative than in the other, yet our principles of treatment ought, and to secure success must, be one and the same." The individual cases of typhus vary so materially in their symptoms, at the commencement and during the continuance of the disease, that no general principles of treatment, to meet alike the mild and grave cases, can be adopted. Every new case of typhus fever may justly be considered a new study. The symptoms are the only criterion by which we are to judge what remedies are required in the individual cases. These vary from almost innumerable circumstances, atmosphere, age, climate, sex, natural constitution of the patient, &c., requiring a mind of the closest discrimination to investigate the disease, in order to come to a correct conclusion, as to the remedies required. Without using this precaution, the practitioner will frequently be led into a snarl, which the death of the patient



can alone unravel. It is doubly necessary that we should prescribe for symptoms, and not for names, when a certain set of symptoms in Windsor are called typhus by Dr. Pierson, and in Hartford they are not called such. Again, a different set of symptoms, in Dr. Sill's practice, he calls typhus; whereas, when a similar train occurs, in Dr. Reed's practice, they do not constitute typhus fever.

With regard to the record of deaths, during the epidemic typhoid pneumonia in 1816, Dr. Reed is determined to understand that I have made an effort to fasten a falsehood upon him, by introducing it into your Journal. I have made no such accusation. Immediately preceding Dr. Sill's remarks on Dr. Reed's practice in this disease, he speaks of his own success in that form of it called typhoid pneumonia. Here are his remarks, page 34. "In relation to that form of *this disease* called typhoid pneumonia, I have never bled a case, and never lost a case." As all the readers of your Journal had not the privilege of consulting Dr. Reed's notes, I wished to show, that under the skilful management of Dr. Reed even, individuals did sometimes die with that form of this disease, on this side of the Connecticut river. When I quoted the 16 deaths that occurred from March, 1816, to 1837, 21 years, Dr. Reed says that I knew Dr. Sill did not include one of typhoid pneumonia. I would inquire, how should I know this? I was reviewing the dissertation of Dr. Sill, and in calling typhoid pneumonia *typhus fever*, I took *him* for authority, and Dr. Reed should know that all the fatal cases contained in his notes within the above specified time, should have been added to the 16 fatal cases, if he would wish to keep himself and Dr. Sill from a "snarl." That in common with Dr. Sill, I recognized typhoid pneumonia as typhus, the following from page 512 of this Journal will show. "In some seasons the pleura and lungs have been more affected, and most of the cases of typhus become what is called typhoid pneumonia." Why did Dr. Sill pass over the eighteen fatal cases recorded in Dr. Reed's note-book as having occurred in January, February and March, and say from April, unless it was to make out successful practice? Would it not have presented a much fairer picture, had he commenced at the beginning of the year? It is plain that in 500 cases occurring within 21 years, if 16 only prove fatal, the practice is very successful. On the contrary, if in an individual's practice 18 fatal cases are recorded as occurring in three months, it is unsuccessful practice. This is the inference I had drawn from the record, and what I presume the readers of your Journal had drawn. But Dr. Reed says, "Why did not Dr. Gillette come out manfully and say that my statement was false?" We leave this for Dr. Reed to say himself in his communication. "A guilty conscience needs no accuser." I have brought no such accusation. My object was simply to show the success or non-success of this mode of practice. Dr. Reed says he did not see but twenty of the cases that occurred during the epidemic, and that I have given him the credit of attending not only upon the whole of them, but all the other cases that occurred during the year, including "the infant which he did not see, the man that was drowned, and the infant child that was born dead." It appears by Dr. Reed's statement

that I was misinformed, and that three of the twenty-three cases of typhoid pneumonia, were not seen by him, and two more were past medication when he first saw them. So far as he has been injured by this statement, I am willing to make the "*amende honorable*." This epidemic prevailed thirteen years before I came to this town, and I had not the privilege of consulting Dr. Reed's ample notes on the subject. I have nowhere stated, as Dr. Reed represents, that he attended upon all the fatal cases that occurred during the year. I introduced the record, with the case mentioned at the close of the year 1815, for two purposes. First, to show when the epidemic commenced and when it ended; second, to show why Dr. Sill, in looking over Dr. Reed's notes, closed his eyes, and passed over the months of January, February and March. That I spoke only of the cases of typhoid disease that occurred during the epidemic, as having been attended by Dr. Reed, the following extract from my article in the July No. fully shows. "I have been informed by two intelligent individuals, who have always resided here, were present during the epidemic, and personally acquainted with all the individuals mentioned, that they were all patients of Dr. Reed. They are put down in the record as typhus fever; most of them, I suppose, were typhoid pneumonia." It is plain that I was here speaking, not of the infant that was born dead or of the fatal case of "rattles," but of the fatal cases of typhoid pneumonia, that prevailed during the epidemic.

In conclusion, I would remark, that, while I have every respect for the character of the three gentlemen mentioned, for truth, I trust I am not transgressing the rules of courtesy by saying that I disapprove of their mode of practice. With the risk even of another charge of sinister purposes, and an attempt to impeach their veracity, I shall hazard the remark, that the ratio of deaths in a given number of their cases, would be much increased, if they selected "only those cases which by *all* would be called typhus as described by authors."

H. C. GILLETTE.

*South Windsor, Ct., Jan. 17th, 1847.*

#### PROPOSED PLAN OF MEDICAL REFORM.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—Notwithstanding I am among those who believe that medical education is carried to a much greater extent in this country than in any other, as it respects the mass of the profession, and believe, also, that the American physician surpasses greatly the European in philosophical views of disease, and in practical habits, there is no one who can desire more than myself to see the standard of excellence still farther advanced. For this purpose only one experimental plan has presented itself to my mind, as at all likely to result auspiciously; and it is one which cannot fail of being decisive.

It is assumed by many that any existing school which may extend its term of instruction, and exact a higher preliminary education, will find its reward in an increased number of students. Upon this basis, which ap-



pears to be urged by the advocates of "reform" as a motive to the non-conformists, I would respectfully propose that the summary step be taken by the National Convention of Physicians, which is soon to assemble at Philadelphia, to institute a College upon the contemplated plan of "reform"; embracing, of course, in its objects, a requisition of extended preliminary acquirements, a multiplication and extension of lecture terms, an examination of the candidates for graduation by other hands than their teachers, &c.

If the desired "reform" can be obtained, it surely must be most feasible under the united concurrence and influence of the whole profession; and the moment a successful demonstration is made, all other colleges must necessarily, as it appears to me, adopt the example, however it may curtail the number of educated physicians.

Respectfully yours,

M. PAINE.

*New York, February 6th, 1847.*

#### APOTHECARY DOCTORS.

[Communicated for the Boston Medical and Surgical Journal.]

THE separation of the medical profession into distinct and separate departments, designating its members either as surgeons, physicians or accoucheurs, exclusively, has always been resisted in this country, for the obvious reason that no man is or can be competent as either surgeon or accoucheur, unless he be a thoroughly-educated physician, it being practically impossible to draw a line of demarcation between the surgical or obstetrical management of a patient, and the medical treatment, which may be required to precede and follow the operations or manipulations of either surgeon or accoucheur. In other countries these and the like distinctions have long subsisted to greater or less extent, but in America, for the reason named, they are discountenanced. Individuals may and do devote either peculiar or exclusive attention to one or the other of these departments, and may thus acquire in general estimation the character of particular skill in some one department; but unless they give evidence of professional ability in either of the rest, their reputation in either will be short-lived, and they will soon find their appropriate level.

The same may be said of other more minute specialities, as of self-styled oculists, aurists, and even of those who devote themselves to one class of diseases, or to the diseases of particular organs or functions, they are all estimated by the profession according to their greater or less qualifications in every department of the science, so far as these can be known, nor are any novel or exclusive pretensions awarded them by the fraternity even in their chosen speciality, whatever may be their reputation thus acquired in popular esteem. Indeed the claim to extraordinary skill, or to secret remedies, of which their professional brethren are not equally well informed, on the part of any of these, forfeits at once the character of the pretender, and both his name and pretensions are justly looked upon by the regular fraternity, as meriting the odium due to other forms of quackery.

But it is otherwise with respect to the business of the apothecary, which in America is by common consent of the profession and the public recognized as a separate and distinct branch, demanding special and peculiar qualifications, in chemical and pharmaceutical science, but by no means including a medical education proper, such as is required in either department of the regular profession. Indeed a man may be well trained by education and experience in the healing art, without being at all familiar with the details of an apothecary's shop; while the best qualifications acquired by the most skilful apothecary, as such, by no means prepare him for the duties of a practitioner.

It has come to pass, however, that on the one hand apothecaries are often not only called doctors, but actually seek employment as physicians, relying upon their knowledge of drugs, their uses and doses, without any other professional training. And on the other hand, many young physicians buy out the stock of apothecaries, and attempt their peculiar duties, without any special training or experience as such. While, still worse, so lax is the protection of the public by the laws in many of the States, that men wholly inexperienced and uninstructed in any department of medicine, do nevertheless undertake to keep druggist and apothecary shops, while ignorant of any kind or degree of knowledge, such as the dispensation of drugs demands. And these, with the boys kept in their shops, often take the title of doctors; and, not content with selling physic, they often advise and prescribe it, to the hazard, and, too often, to the destruction of their victims. So that the ignorant multitudes often suffer incalculable mischief to the health of their families, for want of the distinction being kept up between physicians and apothecaries, which it is the interest as well as the duty of both parties to maintain and perpetuate.

The facilities thus afforded to quackery, are in many of our cities deplorably mischievous, for every variety of ignorant and empirical practitioners provide themselves with at least the semblance of an apothecary shop, and affix the sign of doctor upon the door or windows. So long as physicians condescend to keep apothecary shops; or so long as apothecaries allow themselves to be called doctors, or to prescribe medicines as such, there can be no remedy for this state of things. Each of these professions should reciprocally refrain from the province of the other, and recognize, in either capacity, none but those regularly trained to their respective departments. Pretenders in either would thus be branded, and proscribed from recognition or fellowship, and the public would by-and-by learn to discriminate, both physicians and apothecaries profiting by the line thus practically drawn between their distinct avocations, each of which will afford ample employment and remuneration if sedulously cultivated. The colleges of pharmacy are laboring with commendable zeal in elevating the standard of education in the business of apothecaries, and will ere long be appreciated in their alumni; while the Academy of Medicine, recently organized in New York, and kindred organizations elsewhere, will ultimately detach physicians from all interference or amalgamation with the sale or preparation of drug;—a consummation devoutly to be wished.

R.



## REMARKABLE CASE OF PROTRACTED LACTATION.

[Communicated for the Boston Medical and Surgical Journal.]

MRS. P., aged 39 years October 28th, 1846, never had a sick day since her marriage December 9th, 1826, except the usual sickness consequent on parturition. During this period she has given birth to eight children, all of whom are now living and in perfect health. The order of their births is as follows:—Sept. 5th, 1827, female; Sept. 5th, 1829, do.; March, 28th, 1832, do.; April 1st, 1834, do.; November 11th, 1837, do.; April 3d, 1841, male; April 17th, 1844, do.; November 3d, 1846, female. Mrs. P.'s only brother and sister lived to adult age, and both died of *tubercular phthisis*. Both parents also died of the same disease. She was married young, and at the time considered a remarkably slender girl, being subject to cough upon the slightest exposure. She has been constantly nursing for a period of nearly twenty years—never weaning one child till the birth of another compelled her to, for the convenience of the infant. More than once, when *in labor*, I have seen her child of the last birth at the breast.

From a solitary case of this kind, I would not draw a single inference; but should some of your numerous correspondents, from the abundance of their experience, contribute for the Journal similar cases with a like favorable result, might we not infer, contrary to the generally-received opinions of medical men, that *protracted lactation*, especially during pregnancy, possesses a prophylactic power, even when there exists a well-marked hereditary predisposition to pulmonary disease?

I. P. SMITH.

Gloucester, Feb. 5th, 1847.

## FORMATION OF A SOCIETY FOR DENTAL REFORM.

To the Editor of the Boston Medical and Surgical Journal.

DEAR SIR,—In view of the present low standard of education and *principle*, required for the practice of dentistry, in the city of Boston and vicinity, should there not be **some** steps taken by those members of the profession, whose natural and acquired ability renders them proof against the devices resorted to by the many parasitic impostors whose signs glare in our most frequented streets to dazzle a public more ready to receive and promulgate marvellous doctrines, than those fraught with reason and common sense, to raise the standard of requirements upon an equality with the responsibilities incurred in the practice of a profession so intimately connected with the medical? Holding, as it does, an intimate influence over the health and comfort of its patrons, should they not esteem it their duty to devise such measures as may tend to the advancement of the art, and the suppression of all dishonorable efforts made to promote private interest at the expense of public welfare, and the cultivation of union and friendly feeling among the legitimate members of the profession? And as an association with the above purpose in view seems to offer the only true course for the attainment of results

so desirable, we can see no just cause why those who have acted as pioneers in the path of duty, and the many others who have improved and profited by their examples, should remain dormant, while quackery stalks boldly forth to sap the vitality of the profession by impairing the confidence of the public in reference to the utility of dental operations. All acquainted with the present state of the profession, must acknowledge that the major part of the operations performed for the preservation of the teeth serve only as an aid to the natural process of decay ; and from the existing regulations for obtaining a dental education the *unenlightened* have no security against imposture. But by the aid of those members of the profession who have obtained a reputation as men of science, a reformation could be brought about, and a guarantee given to the public, by operators under the certificate of a society formed by them, which would serve as a password of safety.

*Boston, February 5th, 1846.*

Yours,

S. E. R.

### REJECTORS OF HOMŒOPATHY.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—In the Journal for January 27th, is an article on “Eclecticism,” with the signature R. As one of those who have for the last few years made it a point to investigate the homœopathic principle in medicine, I am (or ought to be) anxious to see what evidence there is against it as well as in its favor. I would therefore respectfully make of R. the following inquiries. What enlightened men, either in Europe or this country, have given homœopathy a thorough *practical* investigation, and rejected it? Also what medical schools have studied its principles, and found those false which are considered fundamental? Will he be so kind as to state names, and the works or reports which contain this information. If these things are so, the *thousand* physicians in this country, to say nothing of Europe, ought to be made acquainted with the facts, and the author of Eclecticism will confer a great favor upon his erring brethren, and render himself a benefactor to mankind, by informing them. For one, I am anxious to see evidence against it, and have no doubt that practitioners generally wish the same.

Respectfully, &c.

T.

*February 6th, 1847.*

### TREATMENT OF INSANITY.

[Communicated for the Boston Medical and Surgical Journal.]

“THE TREATMENT OF INSANITY, by John M. Galt, M.D., Superintendent of the Eastern Lunatic Asylum of Virginia, at Williamsburg,” is the title of a book just issued from the press of the Harpers. It is of 579 pages, printed on very thick and fine paper, with a beautiful clear type. We are glad to see this book. We knew, a year ago, that the manuscript was in the hands of the Harpers, and that a gentleman of



great literary eminence had seen it, and had advised its publication. But why it had not been printed long ago, we could not conjecture. However, here it is; and great industry and much ability are discoverable in its composition. The author modestly styles it a compilation. We quarrel not with him on that word, being satisfied that oftentimes the mind is as profitably employed in the one occupation as the other. This work is one which has been and is now much needed among physicians. All, even those unconnected with insane asylums, will be benefited by its perusal. The reader may here trace the progress of humanizing views of treatment, from the days when the madman was classed among the beasts, to the present time, when he is regarded as man, prostrated by sickness, but recoverable to health by vigilant kindness, devoted sympathy, and the application of means and skill, as in other maladies. We commend the book to all, as a store-house which may be resorted to with every hope, that out of it may be obtained many important and useful truths and experiences, on which we may rely when called on to treat this most lamentable of diseases.

One word of correction. In the Annual Report of the Prison Discipline Society, Boston, 1841, occurs, at page 24, this passage, purporting to be an extract from Dr. Butler's annual report, for 1840, of the condition of the Boston Lunatic Hospital, viz.: "We have one strong chain [chair], which is rarely used." Dr. Galt, copying from the Prison Discipline Society's Report, and not from Dr. Butler's, has, we perceive, continued this misprint in his book at page 522. Pray, Dr., in your next edition (which we trust the work will soon reach) correct this mistake; and, for the honor of our beloved city and its institutions, substitute the word "chair" for "chain." We are informed that no chain or chains were ever employed in the Boston Lunatic Hospital; and that said chair has not been occupied for more than four years; but that it is now placed among the "has beens," and is shown only as a curiosity. S.

*February 11th, 1847.*

#### MASTURBATION.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—My attention has recently been called to the subject of this secret vice, by noticing, in one of the papers, the death of Munroe Edwards, who died lately at the Sing Sing State Prison, New York, of consumption brought on by indulgence in this solitary habit. The community are not aware to how great an extent this degrading vice is practised. By the reports from the Worcester Insane Hospital, it will be learned that a large proportion of the cases brought to that institution are traced solely to this cause. Does it not become philanthropists to look into this matter, and cause such works to be put into the hands of our youth as will inform them on this subject, without corrupting their minds. Such a work is published by Messrs. Otis, Broaders & Co., of your city, of which some 30,000 copies have already been sold. This work, entitled "*Manhood*,

*Causes of its Premature Decline,"* &c., is translated from the French of Deslandes, and has been highly recommended by Drs. Woodward, of Worcester; Doane, of New York; Winslow Lewis, Jr., of Boston, and other eminent physicians. We do not hesitate to say, that aside from humanity, directors of our public institutions would in a pecuniary point of view find it to their advantage to put one of these books into the hands of every inmate in their establishments; for whatever contributes to the health of those under their charge, enables them to derive a greater amount of receipts from their labor—while, on the other hand, the poor ignorant person, addicted to the vice, unaware of what is the cause of his emaciation and weakness, is daily becoming not only a burden to himself, but an expense to those who are to provide for him. C.

#### DISLOCATION REDUCED BY THE AID OF THE ETHEREAL INHALATION, WITH OTHER NOTICES.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—James Murphy, a laboring man, aged 56, presented himself at the Hospital of the House of Correction on the 9th inst., having his left humerus dislocated into the axilla. The patient stated that the accident occurred five weeks ago, and that it was then seen by a physician of high respectability, who (no doubt by reason of the presence of inflammation and tumefaction) did not detect the true condition of the limb. The nature of the case was evident at the time of his coming here. This shoulder was less in size than the other, as was the whole arm for want of use. The elbow projected very considerably from the body, nor could the arm be rotated. The fingers were numb. The head of the bone could be distinctly felt in the axilla.

The operation for reduction was commenced by placing the patient on a bed. He then began to inspire through the ethereal inhaler. At this moment I observed that his knees were raised, and that there was much resistance of the muscles of the arm when slightly moved. I then, removing my boot, and sitting at his side, placed my heel in the axilla, and waited till the ether should have its expected effect. This occurred in about three minutes. His knees then relaxed and straightened, and as I gradually and firmly (with the assistance of a student) extended the arm and carried it a little further from the body, the head of the bone slipped into the socket. My own part in the operation was performed in less than two minutes. In a moment after the patient awoke from his lethargy, entirely unconscious of what had taken place.

On the afternoon of the same day I amputated the thumb of an old sailor while under the influence of the ethereal gas. He was totally unconscious of the operation, and said, when he awoke, that he had been dreaming that he was on board of a man-of-war in South America, walking the deck and chatting pleasantly with a shipmate.

A few weeks ago I amputated the leg of one man, and the foot of another, while attempts were being made to render them insensible to



pain by means of this same agent. But from want of docility in the patients, or from fear, or some other unaccountable influence, they failed to be affected by the gas to the desired extent. A very considerable mitigation of pain was, however, experienced by them, according to their own language.

C. H. STEDMAN.

*City Institutions, South Boston, Feb. 12th, 1847.*

## THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, FEBRUARY 17, 1847.

*Massachusetts Medical Society—Patent Medicines.*—An opinion has been prevalent in Massachusetts, since the formation of the State Medical Society, that no Fellow of that institution could prescribe, recommend, or hold an interest in, a patent medicine. It is possible that this understanding of one of the by-laws has restrained very many from meddling with preparations which the great unthinking public is always ready to patronize. This view of the subject has been entertained by ourselves, and had it not been for a lucid exposition of the principles of the constitution of the Society at the last meeting of the Counsellors, by a leading member in Boston, we should have remained in utter ignorance of what is claimed to be the true meaning and intention of that instrument. As we now understand it, any member of the Medical Society is at liberty to prescribe, recommend, invent or patent any medicine, or own and sell patent medicines, and he cannot be called to an account for so doing, by the conscript fathers of the association. If, on the other hand, a Fellow should prescribe nostrums, or vend a *secret* remedy, then, and then only, would the Society's battering ram of indignation be brought to bear upon him. No matter how absurd the composition of the medicine patented—it is no longer a secret, and therefore using it is no longer an offence, when the seal of the patent office is once appended, and those who are curious to know what their neighbors are doing in the matter, may ascertain by writing to Washington. Wo to them, however, should they infringe a single iota upon his legal rights. Fearing that it might be possible we had misunderstood this interpretation of one of the by-laws—which was apparently acquiesced in by the whole Council, no one objecting, but all agreeing that high-minded practitioners would not be engaged in the traffic of patent medicines—we subsequently inquired of another eminent member of the Society if he coincided in the decision of the Council, as expressed above. Without hesitation, he stated that he did. Under this decision, therefore, should any gentleman of the Society choose to patent a pill or a plaster he would violate no regulation in doing so—nor could he be called to an account, suspended or expelled for the act.

Dr. Jackson's discovery of the letheon, which, it is well known, has been secured by a patent, gave rise, it is presumed, to an inquiry, which finally brought out this doctrine of personal rights. It is well known that Dr. Jackson expressed an unwillingness to avail himself of the privilege of a patent, because, as he conceived, it would be a violation of an article of the

by-laws of the Medical Society, expressly introduced, as most persons supposed, to suppress such proceedings. His scruples were overcome, ultimately, and it is now clearly established, if this reasoning of learned physicians is true, that no wrong against the Society is done in securing oneself behind the broad parchment of the patent law, sin the exclusive enjoyment of any income which those laws may grant. A promulgation of this new version of an ancient law will unquestionably give scope to genius, heretofore restrained from extraordinary manifestations of tact, and enable it to keep the medicine-taking multitude of New England well supplied with patented preparations. We mourn over the prospect, since the whole country is already absolutely burdened with patent medicines;—feeling that still more may now be anticipated, and from sources commanding more confidence than such have heretofore received. Larger fortunes are made in a little time, by a bold, fearless fellow, with a patent ointment, a pain extractor, worm lozenges, or something equally ridiculous in the estimation of a man of common sense, without personal exertion, or toil of body or mind, than the most learned and brightest ornaments of our ill-required profession gain by a long life of persevering industry. But people in this blessed country may do as they like, and who has a right to complain?

---

*Ophthalmic Medicine and Surgery.*—"This," says Dr. Hayes, the American editor of the work, "is one of a series of manuals, the design of which is to furnish the student, within a small compass, a complete and comprehensive digest of the several subjects of which they treat." It is a beautifully printed duodecimo volume, containing 509 pages, treating expressly on the principles and practice of ophthalmic medicine and surgery, by T. Wharton Jones, F. R. S., a member of many prominent institutions, with 102 illustrations, and edited by Isaac Hayes, M.D., surgeon of Wills Hospital, Philadelphia. The publishers are Messrs. Lea & Blanchard, of the same city. The following is a synopsis of its contents, viz:—Chap. I. Ophthalmascopy, and application of remedies to the eyes. II. Inflammation in general. III. Dropsies, tumors, cancers, &c. of the eye. IV. Abnormal states of the optical refractions and adjustments of the eye. V. Abnormal excitement of visual sensations. VI. Loss of correspondence of the sensations and movements of the two eyes. VII. Inflammation and ulcerations of the eye-lids. VIII. Diseases of the conjunctiva. IX. Diseases of the lachrymal organs. X. Diseases of the orbit. XI. Injuries of the eye. It abounds with useful information, and is compactly and systematically arranged. Dr. Hayes is distinguished for his carefulness and sound judgment in whatever belongs to the science of medicine. His opinion carries weight with it, and particularly so in the capacity of a critical annotator. Ticknor & Co. have copies on sale.

---

*Ranking's Abstract of the Medical Sciences.*—Promptly, at the promised period, Messrs. Lindsay & Blakiston, of Philadelphia, have issued the first and second parts, of the second volume of the Half Yearly Abstract of the Medical Sciences—extending from January to December, 1846. Nearly all the articles are of sterling value, called from the most approved sources in modern medical publications. How a work of this kind can be afforded for one dollar and fifty cents a year, is a mystery that wholly belongs to the craft of publishers. Gentlemen desirous of possessing a digest of current medical literature, will be pleased with this excellent reprint.



*Proposed New Medical School in Boston.*—A petition is now before the Legislature of Massachusetts, asking for a charter to hold property to a certain amount, by some gentlemen of the medical profession in Boston, which looks like being ambitious to establish something new in the city. As no request is made for authority to confer degrees, the presumption is that no objection should or would be made to the prayer of the petitioners.

It seems, from the legislative proceedings, that a Thomsonian faculty would be glad of permission to manufacture recruits for their service, at Worcester, on a plan very similar to that of the regular profession ;—that is, have an edifice, give lectures, &c.

---

*Infirmiry for Sick Children.*—An institution for the reception of sick children, between the ages of two and sixteen years, has been opened on Washington street, Boston, near the Lying-in Hospital. Children of the poor will be taken gratuitously. Although the arrangements are not entirely complete, a small number of patients can now be received. Application for admission is to be made to Dr. J. B. Alley, No. 5 Franklin street, and to Mr. J. W. Appleton, No. 76 Beacon street. Physician, William R. Lawrence, M. D. Consulting do., John Ware, M. D.

---

*Patent Medicine Law in Maine.*—A late law in the State of Maine requires that the composition, and the proportion of each article of the composition, of every patent medicine offered for sale, shall be printed on a label and pasted on the bottle, package, &c. containing it, under penalties that would make a common pedlar wince. It is well known, however, that a law never was enacted which a yankee could not evade. This was true in regard to the nine-pin law :—a tenth pin was added, and thus the statute became inoperative. A daring fellow, who has a patent medicine much in demand by the down-east people, called at the Chinese Museum in this city, lately, and for two dollars had the composition, proportions, &c. of each article in the compound translated, by Mr. Chafung, into Chinese—and in that language the required labels are printed. He thus complies with the letter of the act—because the law does not define the language of the labels. By the time the legislature is again in session, he will have supplied the market, and will, at his leisure, laugh at the combined wisdom of the representatives of the people.

---

*Woman and her Diseases.*—Very encouraging notices of Dr. Dixon's practical essay have been observed in various publications. The early proof sheets were shown to us, but they gave only an imperfect idea of the character of the book, as it now probably appears in its finished condition. Whenever the work reaches us, it will be due the author to read it with a teachable spirit, for it is presumed to abound in facts essential for a physician to know.

---

*New Exposure of Mesmerism.*—Mr. Braid, of Manchester, Eng., relates, in the Edinburgh Medical and Surgical Journal, some experiments made by a mesmerizer, the fallacy of which was shown by other experiments of his own. Magnets were used by the mesmerizer, which operated upon an individual in the so-called magnetic sleep precisely as he predicted, aloud,

they would—producing catalepsy of the hands, arms, &c. Mr. B. tried, on the same patient, a portmanteau key from his pocket, and by confidently and loudly predicting beforehand certain effects to be produced, it was found as efficacious as the magnet, notwithstanding the assertions of the magnetizer that this would not be the case.

*Strange Substance Vomited from the Stomach.*—A bottle, containing a substance, preserved in spirit, said to have been vomited from the stomach of a lady in Maine, has been received. It resembles outwardly a snake, ten or twelve inches long, and one and a half in circumference at the largest part. Its organization, however, seems very incomplete, as there is little shape of a head, and its surface is mostly in shreds. A further account of the case is promised by the physician who forwarded the substance.

*Delegates to the National Medical Convention.*—From the Lancaster County (Pa.) Medical Society—Drs. Humes, J. L. Atlee, Kerfoot, Esbleman, Winters, sen., Duffield and Carpenter. From the Pennsylvania Medical College—Prof. Patterson, Wiltbanks and W. L. Atlee.—*The Medical News.*

---

### New York Correspondence.

---

*Spirometer.*—Under this name a public announcement has been made of another new “discovery,” for ascertaining the condition of the lungs and “air passages.” Physicians and the public have been lately invited to the Astor House to inspect the instrument, and receive the explanations of its inventor. Those who have responded to the call, have been introduced to a gasometer, resembling those seen in every chemist’s laboratory, and used in ordinary by the public exhibitors of the laughing gas. Its only novelty or improvement consists in a tube movably attached to the top of the gas holder, while itself is filled with water, and a scale attached to the top of the cylinder designed to show the amount of air which an individual can expire by blowing into the tube. The scale is said to be regulated by the height of the individual, which is found to be the criterion of the volume of air which the lungs contain. But that the “spirometer” can ever be made useful for diagnosis, or any other practical purpose, there does not appear either reason or probability. The idea that even having ascertained the capacity of the lungs, by measuring the volume of air expelled by a full expiration, we should thereby learn anything of the true pathological state, in the variety of morbid affections of the pulmonary tissues, is a *reductio ad absurdum* in itself, besides being at war with medical philosophy and the lessons of experience.

*Tracheotomy.*—We perceive that certain professional wiseacres have blundered into the fiction that M. Trousseau, of Paris, has recently been performing tracheotomy with the view of making topical applications to the larynx, in cases which it is alleged might be reached with a probang and sponge, if that distinguished surgeon only knew how to perform the difficult feat. For the enlightenment of such of our cotemporaries as have fallen into this “discovery,” it will only be necessary to direct their attention to the prize essay of the Royal Academy of Paris, published in 1837, where they will find a full report of ten cases of tracheotomy, which are cited by M. Trousseau to prove that cancerous and tubercular laryngeal



phthisis are beyond the reach of ether medicine or surgery. The detailed records thus furnished will show that though, at that date, M. Trousseau and his associate had performed the operation seventy-eight times, it was only in examples of suffocation, by obstructions in the larynx, which forbid the introduction of instruments, or even the access of air to the lungs in sufficient quantity to sustain life.

The lamentable want of information on this whole subject, by certain recent writers who have undertaken to instruct the profession, is sadly exposed. If reading were not now out of fashion, they might learn that even Hippocrates knew how to pass tubes into the larynx, and recommends the practice in chap. x., lib. iii., entitled *De Morb.*, &c., and that Desault revived the practice in the Hotel Dieu. Its failure in such cases, and the reasons of it, were admitted by him, and subsequently dwelt upon by Boyer. It is only in such deplorable examples of permanent obstructions in the larynx, or in cases of croup when temporary obstructions equally impassable by instruments are present, that M. Trousseau ever advised and performed tracheotomy. The use ignorantly made therefore of these instances by certain would-be critics, is a perversion of the facts of the case, and betrays a desperate cause. *Magna est veritas.*

*New York Hospital.*—What is the matter with the Surgeons and Physicians of the New York Hospital? The last No. of Dr. Wagstaff's Reporter talks of their "unpopularity" as deplorable and notorious. There must be something splenetic in this wholesale denunciation of the teachers in that institution, whose reputation abroad, as well as at home, will protect them from such flagrant delinquency as is imputed to them by the censorious editor of the weekly Journal published in their own city, unless facts be forthcoming other than any which are either expressed or implied in the article to which we refer. In a former No. of the same Journal, we observed a comparison instituted between the clinical opportunities afforded by that Hospital, and the surgical clinics held at the University, and very much to the disparagement of the former. How is this, when every circular, from the Colleges in New York, speaks of the advantages afforded by this same Hospital? Are not several of the physicians and surgeons of the Hospital connected with the Universities of New York? And are not all of them officers or members of the Academy of Medicine recently formed in that city? We have been accustomed to regard the surgeons and physicians of the New York Hospital with high respect as practitioners and teachers. Will Dr. Wagstaff explain?

---

TO CORRESPONDENTS.—A review of Prof. J. M. Smith's Introductory Lecture has been received, but without a copy of the Lecture from which to take the quotations.—The paper by "An Old Subscriber" has been received.

---

DIED.—At Wells, Me., Dr. Joseph Gilman, 75.—At Washington, D. C., Dr. Frederick May, 74.—At Austin, Texas, Dr. J. G. Chalmers—killed in a quarrel.—At Grand Detour, Mich., Dr. Galen Palmer, 60, formerly of Wolcott, Vt.—In New York, Henry W. Porter, M.D., 24; Dr. Samuel Simons, late representative in Congress from that State.—In Boston, Dr. Ephraim Buck-Jr., aged 33.

---

*Report of Deaths in Boston*—for the week ending Feb. 13th, 51.—Males, 23—females, 23 Stillborn, 5. Of consumption, 9—lung fever, 5—debility, 1—dropsy, 2—inflammation of the chest, 1—inflammation of the lungs, 5—infantile, 4—hooping cough, 1—croup, 1—dropsy on the brain, 4—dropsy in the chest, 2—convulsions, 2—asthma, 1—marasmus, 2—suicide, 2—old age, 2—bronchitis, 1—brain fever, 1—canker, 1—typhus fever, 2—scarlet fever, 2.

Under 5 years, 21—between 5 and 20 years, 4—between 20 and 40 years, 14—between 40 and 60 years, 6—over 60 years, 6.

*Newman's Illustrated Flora.*—A more beautiful periodical rarely falls under our notice, than the *Illustrated Flora*—the only work of the kind in this country, devoted to the true science of Botany. It is conducted by John B. Newman, M.D., and published at New York, by Messrs. Lewis & Brown; Messrs. Jordan & Wiley, State street, being the Boston agents. Each number has several gorgeously colored plates, highly finished, together with a miniature of some eminent botanist. The prospectus says that the first series will be completed in sixty monthly numbers—every six forming a volume of 288 pages, and thirty-six plates—making ten volumes in all. Only three dollars a year is asked for this very curious, elegant and desirable publication. It would be creditable to the intelligence of the country to have this enterprise well sustained.

*Softening and Rupture of the Left Ventricle of the Heart.*—An unmarried female, aged sixty-five, having enjoyed tolerable health, complained for a short time previous to her decease of an ill-defined, but not severe pain about the chest. The physical signs of disease were not ascertained. Treatment directed to the stomach afforded considerable relief. Death occurred suddenly. On inspection, the pericardium was found distended with coagulated blood; the left ventricle was softened, and a rupture of its walls was discovered near its apex. No other signs of disease presented.—*Provincial Journal*.

*Medical Miscellany.*—An account is given in a foreign paper of a child born in Ireland, near Cork, with three heads, with arms of unequal size, and one of them having six fingers.—John Crawford Ricketts is said to have died lately at Spanish Town, Jamaica, at the age of 142 years.—A Dr. Tirust de Molemort, of France, has discovered a new method of treating consumption, that is making some stir. He has applied to the government for permission to try the practice in the Parisian hospitals.—The Ohio Lunatic Hospital recently caught fire, but the damage was trifling.—The Boston Post says that Mr. Spaulding, of New Orleans, has paid \$3,717 for medical advice and attendance upon a sore finger, which got well by taking off the rags and letting it alone.—At Bagdad, 30,000 persons are supposed to have been swept off by the cholera. At Mossul, 150 were carried off by it daily. Bossora and the adjacent provinces were desolated, but in Persia the scourge has somewhat abated.—Scarlet fever prevails extensively at Philadelphia.—Dr. John M. Bell, of Virginia, has been appointed assistant surgeon in the army.—The fact has been recently discovered, that brandy drinkers are particularly liable to fractures of their bones.—There has been an excellent class attending the late term of medical lectures at Willoughby University. Twenty-four were admitted to the degree of M.D. at the close.—Dr. Bartlett, of Lexington, Ky., Medical College, is about publishing a second edition of his admirable work on the fevers of the United States.—A dog was taken from a well, the other day, where he had accidentally fallen in twenty-seven days before. He supported himself on a stick of timber, but had nothing for nourishment all that time except water and the timber which he gnawed.—The Journal of Homœopathy asserts that the New York Pathological Society expelled a member "on the ground of his belief in the truth of homœopathy."—Dr. Rosa, of Painsville, Ohio, is the author of a pamphlet of 32 pages—"homœopathy and allopathy, compared."



THE

BOSTON MEDICAL AND SURGICAL JOURNAL.

VOL. XXXVI.

WEDNESDAY, FEBRUARY 24, 1847.

No. 4.

DR. DICK'S ALPHABETICAL NOTICES OF SUBJECTS CONNECTED  
WITH THE TREATMENT OF DYSPEPSIA.

[Continued from page 33.]

**BILE.**—No mention has yet been made of mercury as an agent that acts, or is supposed to act, peculiarly on the liver. Mercury seems to act stimulatingly on all secernent glands. In all likelihood it operates with as much energy on the pancreas, the follicles of Lieberkuhn, and the glands of Brunner and Peyer, as on the liver. The last-named gland, however, from the color, quantity and activity of its secretions, betrays more readily and unequivocally than the others, the influence of any foreign agent. Mercury appears to act in two ways on the liver: locally, if we may so express ourselves, as a simple purgative; systematically, as a general stimulant, conveyed to the organ by means of the circulation. As regards the former of these modes of operation, Sir James Annesley appears to attribute the superior cholagogue property of mercury to its power of detaching or softening the viscid mucous secretion, which, as he supposes, occasionally produces occlusion of the orifice of the *ductus communis*, and that, by so doing, mercury causes a “discharge of bile into the intestine, which was only prevented by the mechanical obstacle in its way.” This may possibly be the case. Certain it is, that the duodenum is often found coated with thick tenacious mucus, which may have the effect ascribed to it above. It is also undoubted, that oftentimes there is reason to suspect, that in consequence of chronic irritation from disease or stimulant food and drink, the mucous membrane of the stomach and duodenum become vascularly congested and tumefied, so as probably to close, nearly or wholly, the orifice of the common duct, where it opens into the duodenum. In these circumstances, mercury, or probably other purgatives, by taking off the loaded state of the duodenal mucous membrane, may release the pent-up bile. Jalap, scammony, the sulphates of soda and magnesia, ipecacuanha, potassio-tartrate of antimony; in short, substances, which combine purgative properties with a power of producing nausea, have the effect of stimulating the discharge of the liver.

That certain purgatives have this local effect on the liver is proved by the occasionally almost immediate reduction of the volume of the organ, followed by copious bilious stools, which succeed the administration of such purgatives.

The chloride and bichloride of mercury have this rapid action fre-

quently ; whereas, the blue pill acts much more tardily, though, possibly, its action may be as local as the other forms. It may perhaps be converted into the chloride by the hydrochloric acid of the stomach.

Mercury, then, is an excellent occasional purgative of the liver ; and it is the best or only agent we can greatly confide in for keeping that organ in a prolonged state of activity. The nitric and hydrochloric acids, indeed, together or separately, and given internally, and used in pediluvium, semicupium, or whole bath, have this continued effect also in many cases. But while they often fail altogether, their operation, even when it follows, is rarely so perfect as that of mercury.

Some of the metallic salts, as the nitrate and chloride of silver, the chloride of gold, and even arsenic, are said to have the same effect, but I have never noticed it.

Retention of bile in the liver is, in some cases, caused by an unduly insipid and inert diet, by which a sufficient stimulus is not exercised on the duodenum and liver. It is this unstimulant character that gives to several articles the reputation of causing bile, though they are far from containing so plentifully as others the principles of that secretion. As, however, they fail, from the cause named above, to stimulate the liver, and the bile accumulating in the organ is, in some cases, re-absorbed, giving a sallowness to the complexion and conjunctiva, the articles referred to seem, but *only* seem, to be peculiar generators of bile : milk, rice, boiled and eaten without pepper, curry or ginger, and other such articles, have the effect described.

*Bismuth.*—The tris-nitrate is said to be useful in gastrodynia. I cannot say that I have ever observed unequivocal proof of its utility in this affection, though I have often tested it. As a general tonic, it is, however, valuable, being inferior only to nitrate of silver and the preparations of iron, and equal or superior to zinc. It rarely or never produces the hardness of pulse, and the headache, which iron not unfrequently occasions. It is, in general, most effectual when given in pill, combined with extract of hyoscyamus, hop, or lettuce ; or in powder, united with camphor and myrrh. It may also be very advantageously combined with musk and valerian. It seems to possess antispasmodic as well as tonic properties.

*Blister.*—There are some forms of chronic dyspepsia which lead to or depend on, an obscure, but sometimes very obstinate, gastritis. The mucous membrane of the stomach becomes the seat of chronic irritation, in the course of which the phenomena of positive inflammation are developed—congestion of vessels, morbid rise of temperature, dryness, pain, and, not uncommonly, suppuration and ulceration. Suppuration of the mucous membrane of the stomach appears sometimes to take place, as in the urethra, &c., without breach of surface ; but in other cases, there are found ulcers, larger or smaller, of the mucous coat, which, indeed, is sometimes extensively destroyed, and the muscular coat laid bare.

The opinion of some is, that ulcers of the mucous coat of the stomach rarely, or with difficulty, heal. I hold a different view ; and I believe



that ulceration and suppuration of this membrane are far more frequent affections than is usually supposed; and also that recovery from them is equally common, except in the cases of the aged, the infirm, or the cachectic.

If we refer to Beaumont's experiments in the case of St. Martin, we shall see how, on several occasions, from very temporary irregularities of diet, and abuse by ardent drink, aphtha and purulent discharges took place from the internal surface of the stomach; the mucous membrane even peeling off in shreds, as the outer skin does after the application of a blister! And it is a fact of great practical importance, that, notwithstanding this serious state of matters, there was little or no pain in the stomach, and the appetite was, singular to say, either natural or augmented.

When there is dull, persistent pain at the epigastrium; when pressure there gives more uneasiness than is naturally felt (for there is, even in health, a peculiar sensibility at this spot); when the swallowing of cold liquids causes a marked sensation of their having come in contact with a heated, a preternaturally heated, surface; when the fauces appear red, highly injected, dry, more especially if they offer to view angry-looking aphthæ, or are ulcerated; when deglutition, owing to the injected state of the mucous membrane of the throat, is performed with a feeling of difficulty and constriction—we may conclude the gastric mucous membrane either is, or is about to be, in a similar condition with the fauces; for, indeed, it is probably far more usual for this state of the mucous membrane to be propagated upward, from the stomach to the gullet, than the contrary. A feeling of fulness, hardness and stoppage, or obstruction at the angle of the left ribs, in the site of the pylorus, is a further symptom.

In such circumstances, counter-irritation on the epigastrium forms, along with other means, an important and indispensable measure. In some forms of gastritis, leeching or cupping may usefully be practised before the blister; but not in this chronic variety. These means are then not necessary, and sometimes are positively hurtful.

As revulsives, we may employ mustard cataplasms, or turpentine, in which a piece of flannel having been soaked, is then kept so long applied to the epigastrium as to cause great heat, and even vesication; or frictions with tartar-emetic ointment, or with croton oil, may be preferred. But after all, nothing is so certain or so effectual as the emplastrum cantharidis. This, as an external means, is undoubtedly the most sure and speedy victor over inflammatory irritation of the gastric mucous membrane. The blister should be applied rather to the right of the epigastrium, just at the angle of the right ribs, and not entirely under them, but partly on their cartilages. A second, third, and even a fourth, blister may, if necessary, be applied, so soon as the effects of the preceding one are gone off; but more than two or three will rarely be needed, if, meantime, judicious internal measures have been simultaneously employed. These are, abstinence from all stimulating food or drink, such as spices, heating condiments, wines, &c., the use of cold or iced fluids; ptisans containing nitrate or acetate of potass; potions containing in solution citric or tartaric acid; lemonade, acid or sub-acid fruit, as grapes, uncooked apples

and pears, strawberries, if in season, pomegranates, melons, cucumbers, celery and lettuce also, if well masticated, have a cooling and beneficial effect on the irritable mucous membrane of the stomach.

If laxatives are required, castor or olive oil are the most unexceptionable. A very dilute solution of bi-tartrate of potass may also be ventured on, which may be aided by an emollient enema.

*Bread.*—In all cases of chronic dyspepsia, more especially if accompanied with a tendency to constipation, the quantity and quality of the bread made use of is a matter not insignificant. There may be, nay, there often is, an abuse of bread. Most dyspeptics, and perhaps persons generally, use an aliment too concentrated. It is deemed, but erroneously deemed, an improvement upon nature to separate artificially, and before use, the assimilable parts of food from the excrementitious; but this is a signal and pernicious mistake, for which thousands or millions are perpetually paying the penalty, in varied forms of dyspeptic disease. It is a bold measure in man to repeal any union instituted by nature, and to say of ingredients which she presents to us intimately, almost inseparably mixed, this will be better if separated from that: this is to be used and that rejected. In cases, indeed, of substances where the union and separation are both merely mechanical, as of the walnut, almond and chesnut, and their shells or husks, the separation of the parts is legitimate; but not in such a case as that of separating the fine from the coarse part of the grain of wheat. We may be assured, that as nature gave us these united, there are important reasons why we should use them so.

I believe, accordingly, that the use of fine wheaten bread, that is, bread made from the finest part of the ear of wheat, far from being an advantage, is an evil, not the less real that it is insidious; and that in this, as in a thousand other cases, if rightly examined and understood, the necessity of the poor, which keeps them to the use of brown bread, is, by the infinitely wise adaptation of Providence, a blessing, not an evil. The poor man, indeed, *without* his brown loaf, has no chance either of health or life; but the poor man *with* his brown loaf may be a healthier man than the wealthy and luxurious with his fine bread.

The use of fine bread and the systematic exclusion of all excrementitious, non-assimilable ingredients, from our articles of diet, is nothing else than an attempt, as it were, to dispense with the function of four fifths or more of the alimentary canal—a long and important line of excretion, meant to be continually active; and the torpor of and the withholding from which its appropriate stimulus (to wit, the excrementitious parts of our food), cannot but be attended, sooner or later, with serious evils.

Besides this inherent objection to fine bread, the fact that bread of this kind is generally adulterated with alum is an additional ground for disusing it; though this ground of objection would, were the police to do their duty, be easily got over, for the law already prohibits the use of alum. The daily employment, several times, of this salt, in a staple article of food, cannot but be attended with deleterious consequences. No doubt it has its due share in the million cases of dyspeptic derangements which occur; and it is an instance of most culpable remissness in our civil autho-



rities, that they permit the systematic perpetration of a sanatory crime, which the laws have expressly armed them with the power of suppressing and punishing. And when it is known that one, among other objects, for using alum, is, to make worse wheat appear better, this is a further reason for the interference of the police.

The acidity of ill-made bread is generally due to the development of lactic or acetic acid.

One of the principal bakers of the metropolis informs me, that in what is called brown bread there is generally included a proportion of rye, and I suspect that brown bread is generally made of inferior flour. Both these proceedings are objectionable, as they lessen the real wholesomeness of genuine and well-made brown bread.

There was proposed, many years ago, and has been again lately, a mode of preparing bread without making use of the yeast or leaven usually employed to raise the bread, as it is called—that is, to give to it that sponginess of texture which we notice in yeast-mixed bread. The proposal is, to mix the flour with as much carbonate or bicarbonate of soda, and the water to be used with as much hydrochloric acid, as would make the proper quantity of common salt which would be requisite were the bread made in the usual way. The flour and water are then (as I understand the process) rapidly kneaded into dough, during which, from the union of the soda and hydrochloric acid, the carbonic acid is displaced; which then, and during the subsequent baking of the bread, causes, by its expansion, and its retention by the gluten of the wheat, a sponginess in the mass of dough. This is obviously a much less manageable method than the one by yeast and leaven.

Brown bread is to be preferred by sedentary persons, for two reasons: it is in some degree a substitute for that exercise they neglect, and by which the action of their bowels would be promoted; and by its greater proportion of relative bulk to nutritive property, it sooner satisfies the appetite and fills the stomach, without proportionally supplying materials for plethora; both which qualities suit sedentary persons, who, as they take little exercise, should also take little food.

It may not seem out of place here to remark how much custom or prejudice operates in the preferences of different nations for the grain of which their respective breads are made. Thus, in many parts of western North America, bread from Indian corn is preferred to that from wheat. In Sweden, I find, from the late Mr. Inglis's book of travels in that country, rye-bread is preferred by the peasantry to wheaten. A few years ago, my famishing fellow-countrymen in the north (the Highlanders) could not be induced to eat the rice which English charity transmitted to them, which, I believe, had to be re-transported; oat-bread they seemed to regard as the only staff of life. Analogous illustrations might be multiplied.

In many cases of dyspepsia, attended with constant acidity and eructations, the substitution of water-biscuits for bread is, along with other means, attended with marked benefit.—*London Lancet*.

## HAIR EXTRACTED FROM AN ULCER.

To the Editor of the Boston Medical and Surgical Journal.

DEAR SIR,—I take the liberty to send you a short account of the following case, which I am vain enough to think may be interesting to you.

Last year I was called upon by Capt. ———, who stated that his son had a troublesome sore on his back. He thought it was a scrofulous sore, and felt very anxious about it, he being his only son. I heard his story, and told him I must see him and look for myself before I gave an opinion.

About a week after this conversation he called on me with the young man, aged 21, who had very fair light complexion, light hair, light-blue eyes, and walked lame. The young man said he had a bad scrofulous sore upon his back, which he believed would use him up. He said some six months before, while in the woods, he received a severe blow near where the ileum and sacrum unite, but he felt nothing of it after a few days. I found, upon examination, a *fistula* opening near the os coccygis, on the left side. I tried to introduce a probe, and then various smaller instruments; but found it impossible, the opening being so small and crooked, to introduce anything into it. I found a tender spot about four inches above and to the left of the opening, which upon pressure discharged two or three teaspoonfuls of mucus mixed with *pus*. After opening the mouth or outlet, I used injections of nitrate of silver and chloride of mercury, and without any perceptible benefit. I then made an opening into a cavity, which discharged the same in quality as mentioned above, intending to lay it open to its mouth, but could not follow the track, for it ran in all directions, or rather branched. I threw injections into the opening which I had made, and they passed out at the natural outlet, but could force nothing the other way, i. e., from the mouth to the wound.

About three weeks after I made the opening, while at work upon it I drew out a black substance, in a loop form, as large round, when straight, as a large-sized rye straw, and very offensive. I found it was hair, very fine, closely matted, and about two inches in length. When it dried, the next day, I examined it again, and found it soft and fine, the color a dark brown. The discharge stopped, the wound healed rapidly, and he was entirely well in three weeks from the time he lost his hair.

P. S.—I saw him yesterday. He is perfectly well, labors upon a farm, and, I regret to say, has burnt the hair, which I intended to have forwarded to you.

Yours respectfully,

Gray, Me., February 8, 1847.

A. W. ANDERSON.

## PROFESSIONAL CIRCULARS.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—I have recently received a lithographed circular from two young gentlemen in Boston, offering their services in surgical operations and consultations. I presume that several of my brethren in the vicinity of



Boston have had a similar favor conferred upon them; and truly we ought to be grateful for "favours received."

I am well aware, Sir, that our brethren of the city have advantages and facilities that we in the country have not. But our city friends must not forget that in these days of rail roads and telegraphic communication, "many run to and fro and knowledge is increased." Steam and lightning are famous levellers. If they bring business and gain to the city, they distribute information and facilities through the country. Now, Sir, I too profess to be a surgeon. Some twenty years ago, I was an internè in the Massachusetts General Hospital, where I got some notion of surgery under the instruction of Drs. Warren and Hayward, and of auscultation under Drs. Jackson and Bigelow, sen., and I have been in the practice of surgery and auscultation ever since. It is true I have not been an externè at a foreign hospital, but then I have read your Journal every week since you had charge of it, and even before, when it was in charge of Dr. Flint and others,\* which, if your modesty will permit, you may consider an equivalent. I have not published an annual list of my cases, like some of our professors of surgery, but I would not have you infer from that circumstance, that I have seen no service, or that I am not capable of forming a *diagnosis* or of performing an operation in ordinary cases. I have no doubt that the gentlemen referred to have talents of a high order, and that they have had good advantages, and will, in process of time, acquire eminence in their profession. But the *attitude* assumed in this circular I think they must have learned from some *posture-master* in "foreign parts." It certainly was not taught them by the "fathers" in New England. When young men, associating with their own the name of some eminent man, offer their services to the poor gratuitously, we all understand perfectly well that it is for the purpose of obtaining notoriety—a counterpart to the advertisements of the Gourauds and Hewetts—the way in which the "regulars" do the same thing. This is bad enough. But this circular is a *new feature*, a step in advance. I trust these gentlemen will esteem it a mark of no disrespect, if, when I have occasion to send patients to the city to obtain a "*written diagnosis, prognosis and course of treatment*," I shall prefer to send them to those who are a whole generation *behind* them in knowledge and experience.

February 8, 1847.

Yours,

AN OLD SUBSCRIBER.

#### PROFESSOR SMITH'S INTRODUCTORY LECTURE.†

[Communicated for the Boston Medical and Surgical Journal.]

It is not often that we find in these annual, and for the most part ephemeral publications, a sufficiency of either novelty or merit, to entitle them

\* The Editor begs to state to the writer of this communication, that no Dr. Flint was ever in any way connected with this publication. There was formerly a monthly medical periodical in this city, conducted by Dr. Flint and associates, which had a starving circulation for a short time, and finally died of inanition. This Journal was originated by its present editor.

† A Discourse on the Public Duties of Medical Men, delivered as an Introductory Lecture at the College of Physicians and Surgeons in the City of New York, November 2d, 1846. By Joseph Mather Smith, M.D. Professor of the Theory and Practice of Physic, &c. Published by request of the Class.

to more than a passing notice. The present discourse is, however, a striking exception to this remark, and deserves to be read and pondered by every member of the profession not merely, but by public men in every department, who can appreciate sterling and practical sense, emanating from one in whom profound scholarship is associated with a modesty of pretension, which is but seldom its characteristic.

The topic of the discourse is fitly chosen, and most timely in its appearance in view of the professional days of degeneracy and apostacy upon which we have fallen. The style is dignified and elevated, without any semblance of ambition to exhibit, on so grave a theme, the ornate decorations of modern rhetoric. And yet that the discourse has been elaborated with a scrupulous regard to the important bearings of the subject upon the public health, is apparent on every page; and we shall misjudge the intelligence and discernment of those interested in its lessons of practical wisdom, if this unpretending pamphlet do not attract the attention and call forth the admiration of his professional brethren, and be deemed worthy of the notice of civilians who are concerned in the valuable historical and statistical details, which are here dwelt upon in the true spirit of philosophical inquiry. We only regret that our contracted limits do not permit us to fortify our estimate of this performance by more extended extracts. We must content ourselves with a few, and hope thus to prompt our readers to peruse the discourse *in extenso*.

After forcibly dwelling upon the moral and physical phenomena of pestilence, the Professor says:

"Now, it is in the midst of such scenes, that the physician is expected to act with intelligence and deliberation. Though breathing, in common with his fellow-citizens, a pestilential atmosphere, and especially so in his visits to the crowded hovels of poverty and filth, no fears or anxieties should be allowed to disturb his equanimity or embarrass his judgment. His is then emphatically the post of danger as it is of duty and of honor. The public have a right to claim his services; and hence it is important that he be qualified to render them with advantage to the community, and with credit to himself and his profession. Thucydides, in his history of the Athenian pestilence, called upon every physician to declare the origin of the distemper. During the plague of London in 1665, the king 'commanded the College of Physicians jointly to write somewhat in *English*,' says Dr. Hodges, 'that might be a general directory in this calamitous exigence.'

"But in no pestilential period has recourse to our profession been more universal than during the wide-spread desolations of the epidemic cholera. Wherever, in Europe, the disease appeared, or threatened invasion, the municipal authorities consulted learned physicians and medical associations; and, for the most part, adopted the methods suggested by them for averting or arresting its prevalence. On its appearance in this city, in 1832, a medical council was organized, at the head of which was placed the eminent physician and surgeon, who now presides over this college; and whose learning and practical wisdom are directed to the promotion of its highest interest."\*

---

\* Alexander H. Stevens, M.D.



“If the spread of pestilential fevers depend upon a contagion transmitted from one individual to another, and capable of being transported from place to place, it is obvious that the means of checking their diffusion should be founded upon principles corresponding with the laws which are known to govern the extension of disorders confessedly contagious. But if they originate from a poison, generated from materials existing within the precincts of cities, and totally disconnected from the living human body, a poison incommunicable from one person to another, but diffused through the common atmosphere and endangering all who breathe it, it is equally plain that a very different system of means is required to stay their prevalence and prevent their recurrence.”

“When the Venetian Government, in 1423, appointed officers to guard against the introduction of the plague, an appointment from which originated lazarettoes and quarantines, there was but one opinion respecting the cause of the disease; and consequently no other preventive measures were thought of, but those intended to exclude its reputed contagion. From that period to the present day, the same principles of medical police have, for the most part, prevailed in regard to that disease in the different countries of Europe; and have been implicitly adopted in this country, in relation to the yellow fever. The correctness of those principles were long since called in question by many respectable medical observers; but the fears and prejudices of mankind have hitherto allowed no facts, however well established, and no arguments, however conclusive, to induce them so to alter the regulations of quarantine, as to make them harmonize with the doctrine of the endemic or miasmatic origin of malignant fevers.”

“The only apology which can be offered in justification of legislative bodies declining to alter the laws relating to pestilential diseases, and particularly to quarantine, so as to make them consistent with our improved knowledge of the causes of those diseases, is the want of unanimity among medical men. If appeals, however, were made to those only, whose learning and opportunities for observation have enabled them to trace the causes of malignant fevers to their true sources, it is believed, there would not be found sufficient discrepancy of opinion among them to occasion any embarrassment in arriving at just and satisfactory conclusions on the subject.”

We have room but for one more extract.

“But further; as it is the province of the physician to enlighten the public on the subject of the sources of pestilential diseases; so it is also his duty to indicate other general causes of disease and to urge the adoption of means for their correction. Among the causes referred to, there is none more injurious to health than the use of intoxicating liquors. Indeed, the amount of disease, poverty, immorality and crime, produced by intemperance, vastly exceeds that resulting from all other sources of physical suffering, depravity and guilt. It was remarked, nearly two centuries ago, by Lord Chief Justice Hale, that if the great enormities, which had come under his judication in the course of twenty years, ‘were divided into five parts, four of them would be found to be issues and products of excessive drinking, or of tavern and ale-house meetings.’

"Recognizing it as an obligation incumbent upon him, as a physician and guardian of the public health, Dr. Rush, years ago, widely proclaimed the mischiefs and extent of this prevailing vice of our nation. But it is only of late that the philanthropic of our whole country have been awakened to a sense of its destructive consequences. It has been remarked by a medical professor in a neighboring State University, in speaking of the numerous victims of intemperance, that 'well may war, pestilence and famine drop for an instant their weapons of destruction, and look on with astonishment and envious admiration, to behold their own havoc so far outdone.'

"The magnitude of the evil in question, demands that every medical man should gird himself to the work of promoting the temperance reform which is now going onward in the world; and which the late lamented President of this College, Dr. Watts, pronounced the greatest moral enterprise of the age."

But these are only a few of the topics in this fruitful theme upon which this discourse furnishes both argument and illustration. The services required of the physician to the armies and navy of his country, are dwelt upon with much emphasis and feeling, in view of the present application of this subject to our forces employed in Mexico in the existing war. The importance of being thoroughly furnished with knowledge in juridical medicine, to meet the trying emergencies and responsibilities to which medical men are summoned, for the security of the ends of justice, and the protection of the varied interests of humanity, in our courts of law, are impressively illustrated, and appropriate reference is here made to the distinguished services rendered in this department by the joint labors of his colleague, Professor Beck, and those of his brother the professor in the Albany school. So also allusion is made to the public duties of medical teachers as well as practitioners, proving that the author does not shrink from the responsibilities of the profession in the position he has so long filled, and which he has adorned.

The high tone of morality inculcated in this discourse will exalt its author in the estimation of every considerate reader, and happy will it be for our country if the genuine patriotism, here taught, shall be exemplified by those to whom it is addressed, for the name of an American physician would then become identical, as it ought ever to be, with that of the scholar and the gentleman.

R.

#### DR. GREEN'S WORK ON BRONCHITIS, *VERSUS*, DR. D. M. REESE.

[Communicated for the Boston Medical and Surgical Journal.]

"MEDICUS," *alias* Dr. David M. Reese, for such he avows himself to be, is still laboring most piously and zealously to prove that there is nothing "original" in Dr. Green's practice; and he "lets off" the "paper bullets of his brain" with an energy and prodigality that would do honor to General Taylor or Santa Anna. He is in medical criticism (heaven save the mark!) what the gladiator is in the arena; his great object seems



to be the destruction of his opponent, right or wrong, and unless he can accomplish this, it is probable that the fierce excitements to which he has given way, will never be appeased. Dr. Reese may be a *sane* man, and we hope he is somewhat of a *godly* man, but we fear he is giving more attention to this unprovoked and unnecessary warfare, than to his prayers; and though he is to be commended for every laudable effort to sustain the dignity and honor of an "outraged profession," as he eloquently and dolorously expresses it, yet it would be a matter of regret to find him trampling justice, truth, and christian charity under foot.

A writer over the signature of "Justus" has had the effrontery to come out, in the New York Medical and Surgical Reporter, in defence of Dr. Green, and this, in the estimation of Dr. Reese, seems to be an unpardonable sin. The latter is not content that the "war" should be confined to the good city of Gotham, but he must, forsooth, scatter his firebrands here in quiet, sober New England, where feuds are unknown among the medical fraternity, and where the "profession" are not at all distinguished for their "fighting propensities."

The second communication of Dr. Reese in relation to Dr. Green's book, which made its appearance in the last No. but one of this Journal, is, everything considered, one of the most singular and remarkable productions which it has ever been our lot to peruse.

Let us look a little more closely into the matter. In the first place, Dr. Green has the presumption to write a book, and the still greater presumption to have it "lettered on the back, in formidable gold letters," if we are to take the word of the zealous critic of this excellent production. Dr. Reese, justly indignant, and anxious to maintain the dignity of an "outraged profession," sends a highly condemnatory epistle on the subject to the New York Commercial Advertiser, which appeared in that paper on the 16th of December last. On the very same day, a similar communication, glowing with a perfect frenzy of indignation, if I may so express myself, made its appearance in this Journal, charging Dr. Green with flagrant plagiarism, &c. Dr. Green, considering the communication in the Commercial a libel upon his character, as we learn from the Medical and Surgical Reporter, already quoted, applied, through his attorney, for the name of the author, when that of Dr. Reese was given. The latter being required to retract the charge of plagiarism, published a communication accordingly, in the same paper, on the 29th of December. The reader should not forget the date. In this communication, Dr. Reese asserts that the charge of "gross plagiarism" was made *only* against the writer of a notice in the Advertiser eulogizing the book of Dr. Green, and comparing him with the illustrious Jenner. It has been remarked of the writer of this notice, that he is a gentleman of deservedly high character and standing, both in medicine and general science, and therefore we infer that whatever he may have said in praise of Dr. Green was prompted by *sincere* and *honest* motives, which is something to boast of in these days of censorious and degenerate criticism. Dr. Reese further states, in his communication of the 29th of December, that he *had not read* Dr. Green's book when he published his strictures

in the Advertiser on the 16th of December, and hence we have his own deliberate confession, that he is capable of assuming to criticize a book, and passing upon it the severest condemnation, without having given it a perusal.

But here is another remarkable statement by Dr. Reese. In his last communication to this Journal, he says, in substance, that soon after his first article signed Medicus, was sent to the New York Commercial Advertiser, he read Dr. Green's book, and "forwarded a review of it at once to the Boston Medical and Surgical Journal, over the same signature, designed for the profession." This is certainly very curious, and is quite as difficult to comprehend as the Egyptian hieroglyphics. In the first place he confesses, on the 29th of December, that he reviewed Dr. Green's book on the 16th of December, without having read it—a fact highly creditable to him as a critic, an author and a physician—and on the 28th of January following, he avers that *soon after* the 16th of December he did read the work, and forwarded a review of it to the Boston Medical and Surgical Journal; and yet that review, which made its appearance on the 16th of December, as is already known, must, from necessity, have been in the compositor's hands in this city as early as the 10th or 11th of December; four or five days, or a week, in advance of the time when the book, by acknowledgment, was actually read, if read at all, which we very much doubt, and which we shall attempt presently to prove. There are two horns to the dilemma, and it is not for us to determine upon which our critic shall hang his reputation.

In our first reply to Medicus, we asserted that he had made the charge of plagiarism against Dr. Green either through ignorance or malice; and now it would seem that both had something to do with the matter. Assuming to criticize a book which has not been read, and condemning it in terms of unqualified severity, does not only imply ignorance of the book, but malice of the deepest and darkest dye.

Medicus has made a number of fervent appeals to an "outraged profession," as he emphatically expresses it, in reference to his unfounded charges against Dr. Green; but what will that profession say when they find that Medicus himself has been imposing upon them; that he has assumed to review a valuable and important book, carefully and systematically, for their especial edification, and yet has never given that book a perusal. Well may we talk of an *outraged profession*, when sober and candid criticism must give way to harsh invective, artful misrepresentation, and an intolerant spirit of persecution.

Let us now pass to some other points in the communication of Dr. Reese. He endeavors strenuously, as in the first instance, to make it appear that the practice of Dr. Green is identical with that of MM. Trousseau and Belloc, and, as might be expected, not having truth on his side, his failure is more apparent and signal than before. He has evidently been reading Trousseau and Belloc from the alpha to the omega, and pressing into his service every isolated paragraph that could aid him in his censorious work; but every step which he has taken in the investigation, has only tended to exhibit his recklessness and injustice in a still clearer



and stronger light. The principal quotations which he has made from the French authors, in support of his charges against Dr. Green, he will find duly and honestly recorded in Dr. Green's treatise, which, as we have already suggested, it is evident he has never read. Let us, however, make extracts from the work in question, that the reader may be enabled to form his own judgment. First, then, Dr. Green says:—

“Although topical remedies have been employed from an early period, in the treatment of various affections of the air passages, in the form of powdered substances, brought into immediate contact with the diseased surface, by means of insufflation, as recommended by Aretæus for angina maligna, and in form of vapor of different volatile matters, by means of inhalations as advised by many writers—yet to MM. Trousseau and Belloc belongs the honor of having been ‘the first to prescribe and employ topical medications in chronic diseases of the larynx.’”

Dr. Green then enumerates various solid substances which have been employed in the form of impalpably fine powders, for the above purpose, and describes the process by which they have been introduced into “the larynx and upper part of the trachea.” He then continues as follows:

“Inhalations of the vapor of hot water impregnated with some of the essential oils, &c., have been employed; but, as a serious inconvenience arises from the impossibility of restricting these applications to the diseased larynx, their use, &c., has been abandoned, and liquid medications substituted, as capable of being applied with more ease and certainty, and without any risk of injuring the trachea, or bronchi. These latter are composed of the solutions of nitrate of silver, corrosive sublimate, sulphate of copper, and nitrate of mercury; but after having made trial of them all, a decided preference was given by Trousseau and Belloc, to a solution of the nitrate of silver, on account of its harmlessness, its efficacy, and its rapidity of action. A solution of the strength of two drachms of the nitrate, to an ounce, or, sometimes, to a half ounce, of distilled water, was found most effectual as a topical remedial agent in laryngeal disease.”

“Two methods were employed by the above writers,” continues Dr. Green, “for applying the solution to the epiglottis, and upper part of the larynx. In one way the object may be effected by means of a small, round piece of sponge, attached to the bent end of a rod of whalebone. This sponge being dipped in the solution, is carried into the patient's mouth, and passed to the top of the pharynx, where its presence excites an effort of deglutition which causes the larynx to be elevated; at this moment the sponge may be brought forward to the opening of the glottis and the solution expressed into the larynx. Another mode of applying the solution, as advised, is by employing a small silver syringe, having a long and curved tube. The instrument being filled to one fourth its capacity, is carried beyond the epiglottis, and the solution forcibly discharged into the opening of the larynx.”

Dr. Green has rivalled our critic himself in the copiousness of his extracts from Trousseau and Belloc, withholding nothing, and generously conceding to the French authors everything to which they can lay claim;

and yet Dr. Reese, with this fact staring him in the face, has the effrontery, not to say foolhardiness, to accuse Dr. Green of plagiarism. A more ridiculous piece of folly could not have been perpetrated outside of a lunatic asylum.

Dr. Green, so far as we have examined his work, does not arrogate to himself any special or extraordinary claims with regard to his practice. With a laudable frankness and honesty, he quotes freely from Trousseau and Belloc, and gives us full and satisfactory information with regard to their treatment of diseases of the larynx, specifying particularly the method by which they make their topical applications; and then with a similar exactness, and with a manifest desire to render his professional brethren every possible information upon the subject, he describes the method which he himself has long pursued in making applications to the laryngeal cavity.

With regard to the two modes of practice, we think there can be but one opinion. The instructions of Trousseau and Belloc for making applications to the larynx, are definite and specific, and cannot be misunderstood. The French authors endeavored to express the medicinal solution into the larynx, by a peculiar method of operating, and did not direct that the sponge itself be introduced into the cavity of the larynx. Hence their practice was uncertain, and, as I remarked in my first communication, if the medicinal solution found its way into the larynx, it was rather by accident than otherwise. Dr. Green, on the contrary, boldly and systematically introduces the sponge into the laryngeal cavity, and freely cauterizes its lining membrane, and hence there is a certainty in his mode of operating which is wholly wanting in that pursued by his French brethren.

We feel persuaded that Trousseau and Belloc did not uniformly succeed in making applications to the interior of the larynx in the way they have pointed out. Taking the hint from Dr. Green, I have been in the frequent habit of introducing a sponge, charged with a medicinal solution, into the larynx; and in accordance with his instructions, I have been careful, before "entering the larynx," to make occasional applications to the fauces and pharynx, bringing the sponge more or less in contact, as a matter of course, with the epiglottis and top of the larynx, and yet, from what my patients have said of the sensations which they experienced, I have not been led to believe that the medicinal solution found admittance into the laryngeal cavity during these initiatory applications.

In view of the copious extracts from Trousseau and Belloc, which are to be found in Dr. Green's work, it is ineffably silly to conclude that he harbored the idea for a single moment of committing plagiarism. The plagiarist who wishes to appropriate the ideas or language of an author, would not be likely to make even a distant allusion to his book, for by so doing he must know that he would be certainly and speedily detected. If, on the other hand, a writer should make copious extracts from a volume which has passed into comparative obscurity, thereby directing public attention to said volume, it would be about as reasonable to suppose that



he had any piratical intentions, as that the robber would first give warning to the inmates of a house which he intended to plunder.

Medicus has as many colors as the chameleon. He can change from white to black, or from black to white, as may best suit his purpose. In his first communication to this Journal, he ridiculed the idea of entering the larynx, as proposed by Dr. Green. It was preposterous—very; it was apparently too absurd for criticism. Hear how earnestly, how impressively, how indignantly he delivers himself on this all-absorbing topic. The reader “will expect to find,” he says, alluding to Dr. Green’s book, “the proofs that the novel feat of passing an armed probang *through the larynx*, into the *trachea* down to the *bifurcation*, has been performed,” &c. “It was this monstrous assumption,” he continues, “which was scouted by the profession, as ‘ludicrously absurd, and physically impossible.’ Such professions notorically made to inquiring invalids, and vaunted as having actually been done upon their own persons, &c., when the sponge had been merely thrust for a moment behind the epiglottis, were deemed by anatomists as impugning the professional honor of their author, and all such united in reprobating the whole fiction as worthy only of contempt.”

If we have any faculty whatever for comprehending the language of another, we should infer that Medicus was sure, very sure, that it was quite impossible to introduce a sponge into the larynx; but since his first communication was penned, he has become wonderfully enlightened, and one would imagine, from the perusal of his *second* article, that “entering the larynx” had been an almost every-day business with physicians for the last century. That which a few weeks ago was so “absurd,” so “ludicrous,” so “monstrous,” so unheard of in the annals of medicine, is now, and has long been, the “common property of the profession,” and not to know this fact, is to argue yourself unknown.

Medicus is extremely nice about dates, at least so far as it relates to the researches, &c., of Trousseau and Belloc; and if he had been equally nice and specific with regard to the *precise* time when he read Dr. Green’s book, he might have been saved a good deal of mortification. He complains of Dr. G. for stating that the work of Trousseau and Belloc was translated and published in this country in 1841, whereas it made its appearance in Dunglison’s Library as early as 1839. The truth is, the work did not assume a book form until 1841, when it no doubt fell into the hands of Dr. Green for the first time; and that he should have been ignorant of the previous publication of the same work in Dunglison’s Medical Library, is not at all remarkable, for it does not seem to have attracted any particular attention, and we very much doubt whether Medicus himself ever heard of either publication until it was brought into notice by the recent work of Dr. Green.

M.

Boston, February 18, 1847.

---

 THE BOSTON MEDICAL AND SURGICAL JOURNAL.
 

---

 BOSTON, FEBRUARY 24, 1847.
 

---

*Boston Society for Medical Improvement.*—On no recent occasion has there been a more social gathering of medical gentlemen in this city, than on the anniversary of the Boston Society for Medical Improvement, at the hospitable residence of Dr. Reynolds, in Winter street. The voice from *Holmes's Hole*—relating the poetical history of an antique, to which the eyes of the guests were directed—cannot be easily forgotten. We perfectly agree in sentiment with the Irish gentleman, who thought that *anniversaries* should always be celebrated twice a year! Why cannot the quarterly meetings of the medical association be revived? Such rapid accessions are made to the medical ranks in this thrifty city, that even old acquaintances are beginning to lose sight of each other in the crowd. There must be some device for bringing the whole group together, at short intervals, with the express object of cultivating and cherishing social intercourse.

*Boylston Medical Society.*—At a meeting of the committee on dissertations, held Feb. 10th, the following prizes were adjudged in order of their excellence. 1st, \$20, to Ralph Kneeland Jones, for an essay "on the structure and functions of Serous Membranes;" 2nd, \$20, to Wm. Otis Johnson, for an essay on Pneumonia; 3rd, \$20, to John Gallison Sewall, for an essay on Acute Rheumatism; 4th, \$20, to Thos. Andrews, jr., for an essay on Tubercle. The dissertations this year, we learn, were of an unusually high order, and some difficulty was experienced in making a selection by the committee.

*Bloomington Asylum for the Insane.*—From the 26th Annual Report of this Asylum, by Dr. Pliny Earle, we learn that during the past year "250 patients have enjoyed the benefits of the Institution. Of these, one hundred and seventeen were here on the first of January, and one hundred and thirty-three were admitted during the year. One hundred and six have been discharged and thirteen have died, leaving in the Asylum, at the present time, one hundred and thirty-one. Of the patients discharged, fifty-four were cured, fifteen much improved, twenty-one improved, and sixteen unimproved in their mental condition. Three of those discharged much improved, recovered soon after leaving, thus making the whole number of cures fifty-seven. The daily average number of patients for the year was one hundred and twenty-four and a fraction. The greatest number, on any day, was one hundred and thirty-three; the least, one hundred and thirteen."

This Institution, it will be remembered, is a branch of the New York Hospital, and is situated a few miles out of the city. It was "originally founded by the contributions of benevolent individuals, with the single object of doing good. Subsequently, the liberality of the Government of the State—a liberality as noble as it is disinterested—has greatly increased its means of effecting the object in view. Without that assistance, it never could have fulfilled, so fully as it has done, the duties of its mission."



*Western Reserve College.*—Cleveland Medical School, Ohio, is one of the departments of the Western Reserve College. How long the connection has existed, the catalogue does not explain. From the fact that two hundred and sixteen students have been in attendance on the various courses of lectures, its vigorous health and growing influence are inferred. There ought to be no quacks in Ohio—possessing, as the State does, two flourishing, well-conducted medical institutions. But, alas! there are regularly constructed establishments at Cincinnati for manufacturing *irregulars*, who abound throughout the State.

---

*Value of Married Life.*—By the Register-General's Report in England, it is ascertained that men and women, married at 26, live together, on an average, in that country, 27 years. The widows survive their husbands a little more than 10 years, and widowers live not far from 9 after the death of their wives. When the husband is 40 and the wife 30, the mean term of married life is 21 years—the widows surviving 13 years after their husbands' death, and the widowers only 5 after the loss of their wives. Probably there is no essential difference in the laws of life, in the United States and England; but it should be added, by way of encouragement, that both sexes by being married have a longer lease of life than they otherwise would have. It is not necessary to enter upon a physiological explanation, since the tables of registration have established the fact beyond contradiction.

---

*Lepers of Rhodes.*—Mr. Daniell, an English gentleman, relates, that in a voyage from the main land to Rhodes, a little barque, containing lepers, was cast on shore—which gave him an opportunity for examining the character of that extraordinary disease, leprosy. There were seven persons in every stage of it. Three were far gone, a man and two women. The men were blind and speechless, and all three had lost the use of their extremities, which appeared to have been eaten away. Two others had not lost the use of their hands, but their toes were gone, which almost prevented them from walking. A fine young man, and a well grown and rather handsome girl, at a distance appeared unharmed, yet on a nearer approach the bandages on one foot of the female and over one eye of the youth, demonstrated the fact that the plague spot was upon them. There appears to be no disease analogous to this ancient malady—for which there seems no remedy within the resources of medicine.

---

*After-Pains philosophically prevented.*—A prominent communication in a recent No. of the Cincinnati Botanico-Med. Review, bears the above caption. The writer goes on to say: "I would have sent it to you sooner, had it not been for the incredibility of the mode; but since mesmerism has become so well established, and the same philosophy that accounts for the connection that exists between the mesmerizer and his subject, when some distance apart, accounts also for the incredible part of my mode, I venture, without further delay, to give it to the world, and especially to the botanic sisterhood—though I am aware they do not suffer hardly anything in comparison with those under the practice of *depleters*, yet to prevent *any* must certainly be a great desideratum."

"The mode, like all others of nature's operations, is simple and easy, when once understood: it consists in salting well the after-births immediately after its being separated from the mother, and, in place of burning it, as is the custom with many, have it quietly buried in some nook or corner of the garden where it will not be disturbed by any thing. The philosophy of the mode is this. By properly salting the after-births, it prevents the coagulation of whatever and all the blood remaining in it; and so long as *that* blood is prevented from coagulation, so long will there be no coagulation of what remains."

If this man is not positively insane, he is fairly entitled to a fool's cap and ass's ears. Who would have believed that such degradation of thought could have been permitted in a periodical ostensibly published for the dissemination of the true principles in medicine. The editor admits that he does not understand the philosophy of it, but adds, "*it may be a fact notwithstanding*," which is making a bad matter worse. How beautifully and delicately the author of this philosophical intelligence secures the confidence of the editor:—

"After you have proven the above, I wish you to incorporate it in your next edition of Lectures on Obstetrics; to be handed down to future generations; for I know of no work more certain to convey it down to futurity than your work just named. You will have to multiply them, edition after edition, as long as you live; and, even when you are no more, that work is destined to live and bless our race, and keep *your* name alive perhaps longer than your natural posterity. Yours in the bonds of medical reform."

---

*Philadelphia College of Medicine.*—It will be seen, by an advertisement in this Journal, that a new medical school in Philadelphia has been incorporated by the Legislature of Pennsylvania, the spring course of lectures commencing in March. This makes the fifth medical college in that city. The circular of the school, which one of the Professors writes was forwarded to us, has never been received, so that all we know respecting the institution is gathered from the advertisement. Dr. Mitchell, Lecturer on Theory and Practice, belongs to the Transylvania University, Lexington, Ky., and has had, as well as Dr. McClintock, much experience in teaching.

---

*Dr. Bell's Medical Library and Bulletin.*—We have neglected to notice the discontinuance of this work. It has been published in Philadelphia for several years past, and has ranked high as a medical periodical. The December No. contains the valedictory of Dr. Bell. Dr. B. possesses rare qualifications as a medical writer and editor, and we are glad to learn that he does not contemplate withdrawing entirely from medico-literary pursuits. Dr. Dunglison's Medical Library, a somewhat similar periodical in the same city, was discontinued some years since.

---

*Re-print of the 14th Part of Braithwait's Retrospect.*—Messrs. Jordan & Wiley have furnished us with the above re-print of this now well-established work. It is worthy the examination of every physician who does not possess a copy. A specimen of the work will be furnished gratis on application by letter, post-paid, to Jordan & Wiley, Boston, or to this office.



*Massachusetts State Lunatic Hospital.*—From the Fourteenth Annual Report of this institution, to which we have already alluded, we learn that the patients in the Hospital in the course of the past year were 637; at the commencement of the year, 360; admitted in the course of the year, 277; remaining at the end of the year, 367. Of the admissions, there were cases of less duration than one year, 167; longer duration than one year, 88; the duration of which not ascertained, 22. Patients now in the Hospital—of less duration than one year, 73; of longer duration than one year, 285; cases the duration of which not ascertained, 12. Total discharges during the year, 270, viz.: recovered, 154; improved, 31; incurable and harmless, 43; incurable and dangerous, 4; deaths, 38. Recent cases discharged, 150—viz.: recovered, 119; improved, 11; incurable and harmless, 6; incurable and dangerous, 1; deaths, 18. Chronic cases, discharged, 111—viz.: recovered, 30; improved, 20; incurable and harmless, 34; incurable and dangerous, 3; deaths, 24. Patients discharged, duration not ascertained, 9.

*Medical Miscellany.*—A Dr. Frank, convicted at Buffalo, N. Y., of malpractice, has been sentenced to ninety days confinement in the County jail, and to pay a fine of \$100.—Dr. Geo. Taylor, of New Milford, Conn., is a candidate for Congress.—The house of Dr. Wm. H. Edwards, Cedar Fields, Surry Co., Virg., has been destroyed by fire.—Students of the University at Rome have petitioned the Pope for a professorship of legal medicine, which petition he is considering.—Robert Caldwell died lately at the Newark, N. J., Almshouse, at the age of 102 years.—Dr. Otis Hoyt, late of Framingham, Mass., has been commissioned Surgeon, and Dr. Timothy Childs, of Pittsfield, son of Dr. H. H. Childs, Assistant Surgeon, of the Massachusetts Regiment of Volunteers, and will both sail this week for Mexico, with the troops.—The Boston Transcript intimated last week that Dr. Warren was about resigning his connection with the Medical College in this city.—Next week's Journal will contain an article by Dr. O. W. Holmes, giving an account of an extraordinary malformation.—The New York Annalist regrets that Mr. Liston, of London, is so negligent of what is due to the dignity of his profession as to have employed the patented letheon in his practice.—The New York Academy of Medicine have voted to send Delegates to the National Medical Convention, to be held in Philadelphia the first Wednesday in May next.—By the news of the last steamer, we learn that the letheon is coming into general use in the English hospitals.

---

**MARRIED.**—At St. Brides, Va., Dr. William Tatem, of Norfolk, to Miss Virginia Washington Keeling, of St. Brides.

---

**DIED.**—In Walpole, N. H., Dr. George Sparhawk, 90.—At New York, Dr. Alexander Edson, late of Vermont, known as the living skeleton, and brother to another skeleton, the late Calvin Edson, 42.—At Wethersfield Conn., Dr. Alonzo Rockwell, 46; Dr. Ashbel Robertson, 60.—In New York, Dr. Uriah Turner, 46, formerly publisher of the New York Medical Gazette, and the writer of an article on asthma in this Journal some years since—much respected for his integrity and christian character.

---

*Report of Deaths in Boston*—for the week ending Feb. 20th. 53.—Males, 18—females, 35. Stillborn, 12. Of consumption, 8—lung fever, 8—slow fever, 1—bilious fever, 1—brain fever, 1—croup, 4—child-bed, 2—marasmus, 2—inflammation of the lungs, 5—pleurisy, 2—dropsy on the brain, 3—hooping cough, 2—old age, 1—influenza, 1—debility, 2—scrofula, 1—paralysis, 1—convulsions, 2—dysentery, 1—scarlet fever, 1—accidental, 2—infantile, 1—disease of heart, 1.

Under 5 years, 23—between 5 and 20 years, 6—between 20 and 40 years, 13—between 40 and 60 years, 6—over 60 years, 5.

*The Ether Inhalation in London.*—The following is the manner in which the subject of Dr. Morton's letheon is introduced to the readers of the British and Foreign Medical Review, by the editor, Dr. Forbes—succeeding which, are the two letters alluded to, of our respected townsmen, for which we have not room, and also Dr. Bigelow's article from this Journal.

"Just as our last proof was passing through our hands, we received from our medical friends in Boston the account of a matter so interesting to surgeons, and indeed to every one, that we take the opportunity of introducing it here. We know nothing more of this new method of eschewing pain than what is contained in the following extracts from two private letters, kindly written to us by our excellent friends, Dr. Ware and Dr. Warren, of Boston—both men of the highest eminence in their profession in America—and, we may truly say, in Europe also. It is impossible, however, not to regard the discovery as one of the very highest importance, not in the practice of operative surgery only, but as Dr. Ware suggests, in practical medicine also. We trust our friends will forgive us for putting into print their private communications. The importance of the subject and the necessity of authenticating the statements, are our excuses. The authors of the discovery are Dr. C. T. Jackson and Dr. Morton."

In a postscript, Dr. F. mentions having seen the two surgical operations of Mr. Liston, which have been referred to in this Journal, and then adds—

"The momentous details given above suggest many remarks which we have no room to record. We are only able to observe that if the new process shall supersede that employed, with a like object, by the mesmerists, we must concede to them that it supplies, from analogy, additional reasons for believing in their statements in regard to the production, by their process, of insensibility to pain."

---

*Wisconsin Medical Convention.*—One of the first objects of the profession, after the organization of the territory of Wisconsin into a sovereign state, was to unite their strength to give character to the medical practitioner, by defining the standard of education which qualifies a man for engaging in the high and responsible duties of a surgeon and physician. A meeting was held at the capitol in Madison, on the 12th of January, Dr. Mason C. Darling, of Fond du Lac, in the chair, and Dr. Henry Clark, of Walworth, secretary. On the second day of the session, it was resolved, "That if any member thereof shall neglect to attend meetings of this Society for two years without rendering a satisfactory excuse, his membership may be declared forfeited and his place filled by the election of some other person." Dr. John B. Dousman, of Milwaukee, was chosen President; Dr. L. B. Brainard, of Sheboygan, Vice President; Dr. Chandler B. Chapman, of Madison, Recording Secretary; Dr. B. B. Carey, of Racine, Treasurer; Drs. L. S. Hewett and E. B. Wolcott, of Milwaukee, and Dr. Blanchard, of Racine, Censors; and Dr. Jesse Moore, of Rock, Corresponding Secretary."

---

*Triplets and Malformation.*—Mrs. J. Chase, of Vermont, recently gave birth to three children, two boys and one girl. The boys were connected by a ligature, resembling that which connects the famous Siamese twins. The point of connection was a little on one side of each, and extended from the abdomen up to the chest, so that had they survived, and attained the use of their limbs, they might probably have walked abreast. The boys were still-born; the girl survived about an hour. The mother was doing well.



## MASSACHUSETTS MEDICAL SOCIETY.

## PETITION OF THE PHYSICIANS OF BERKSHIRE COUNTY TO THE LEGISLATURE OF MASSACHUSETTS.

*To the Honorable the Senate and House of Representatives, in General Court assembled.*

THE undersigned, Physicians and Surgeons, resident in the County of Berkshire and Commonwealth of Massachusetts, respectfully represent to your Honorable Body that the present organization of the "Massachusetts Medical Society" is very defective. It fails to accomplish the objects of medical association. It is partial, unjust and oppressive in its operations. It is *defective*, in that while it professes as its object, to seek and promote the success and prosperity of the profession by embodying all the regular practitioners in the Commonwealth, its requisitions prevent a large proportion of the practitioners from connecting themselves with it, and, of course, located as we are, we are deprived of the great benefits of medical association among *ourselves*, and by an unavoidable expense and sacrifice, which amount to prohibition, we are prevented a participation in the benefits derived from attending the meetings of the Society in Boston.

It is *partial* in its operation, inasmuch as by its *present* organization but few are or can be benefited by connection with it. It is *unjust* and *oppressive* in its operations, as by its regulations it imposes equal *pecuniary burdens* upon *all*, while to a large proportion it furnishes no adequate equivalent. Its meetings, its funds and its library being held, located, and confined in Boston at the eastern extremity of the Commonwealth, it is and must be obvious to all, that that portion of the profession residing in the *opposite extremity* can derive little or no benefit from either. These burdens, oppressions and inconveniences we have borne and endured for a long series of years, and having in vain sought relief from other sources, we now humbly, yet confidently appeal to your Honorable Body, and pray *either* that the State Medical Society may be so re-organized, as that while it secures all the benefits of a *State Society*, the benefits of *medical association*, and a participation of the funds and library already accumulated, may be conferred upon and secured to County Medical Societies; or, if this petition cannot be granted, we ask that the County of Berkshire may be constituted a separate and distinct medical society, clothed with the usual powers and privileges pertaining to such bodies.

*Boston, Nov. 24th, 1846.*

REMONSTRANCE OF THE MASSACHUSETTS MEDICAL SOCIETY AGAINST  
THE FOREGOING PETITION.

The Counsellors of the Massachusetts Medical Society, through the undersigned, their committee, respectfully represent—

That the Massachusetts Medical Society was incorporated in 1781; since which time it has continued to flourish for two thirds of a century, until its members now amount to more than eight hundred, residing in all parts of the Commonwealth.

That the Society has at all times been eminently useful in promoting friendly intercourse and honorable conduct among the members of the profession, in upholding a proper standard of medical education, and in protecting the community from the encroachments of ignorant and incompetent practitioners.

That the laws and regulations of the Society have been framed with the utmost regard to an equalization of its burdens and benefits among all sections of the Commonwealth, as far as it has been possible so to do.

That the annual meetings of the Society have been always attended by a very large and respectable representation of the profession from all parts of the State, amounting last year to upwards of four hundred. That the great body of its members are believed to be contented with the regulations of the Society, and satisfied of its salutary influence. And that up to the present year, no successful attempt has been made to divide the Society, or to impair its usefulness.

The undersigned, in behalf of the Society, have learned with regret, that a petition has now been presented to the Legislature from Physicians of the County of Berkshire, setting forth certain alleged grievances, and praying, either "that the State Medical Society may be re-organized," or "that the County of Berkshire may be constituted a distinct medical society, clothed with the usual powers and privileges pertaining to such bodies." The undersigned are prepared to show that the alleged grievances do not exist, and that the prayer of the petitioners ought not to be granted.

The chief, if not the only allegations of the petitioners against the present organization of the Society, are that "its meetings, its funds and its library" are "held, located and confined in Boston, at the eastern extremity of the Commonwealth." The undersigned have always supposed that Boston is not at the eastern extremity of this Commonwealth, but that being near the centre of population and intercourse, it is quite as accessible from Berkshire, every day in the week, as it is from the counties of Barnstable and Nantucket. The meetings of the Society have been held in Boston by the will of its members, and may at any time be removed if a more suitable place shall be selected by the votes of a majority, for the purpose.

In regard to the funds of the Society, they consist in the first place of an assessment of three dollars from each member, which is appropriated to pay the rent of the Society's rooms, the expense of an annual dinner, provided chiefly for the accommodation of distant members, and to defray the cost of the Society's publications, including an annual octavo volume



which is delivered to every member who has paid his assessment. One third of the foregoing assessment is remitted to all the District Societies, viz., those in other counties than Suffolk, on their paying the remainder. To the County of Berkshire, in 1818, one half the assessment was given up for five years, and in 1840, the whole arrearage of that County, amounting to more than five hundred dollars, was cancelled by vote of the Counsellors. Including the books delivered to Berkshire physicians, it can be shown, that more property has been given by the parent Society to the County of Berkshire than the whole amount of assessments ever received by the Society from them.

A township of land was formerly given by the Legislature to the Massachusetts Medical Society, which they afterwards sold, and invested the proceeds as an accumulating fund, for the purpose of enabling them, at some future period, to erect a building for the Society's meetings. This fund now amounts to between nine and ten thousand dollars, invested in the Hospital Life Insurance Office. A motion is now pending before the Society, that the interest of this fund shall hereafter be used to defray the expense of a valuable Medical Journal to be gratuitously distributed among all its members.

The library of the Society, the disposition of which has been made a third source of complaint, is a small collection of old books, the result entirely of donations and legacies. It is but little used in Boston, and by a regulation of the Society, any District Society may carry off sixty volumes at a time for the use of its members. Of this privilege the County of Berkshire has freely availed itself.

For the last sixteen years, an octavo volume, of some standard work on medicine, has been annually published by the Society, for gratuitous distribution among its members. A set of these books now forms of itself a small but valuable library, which has become the private property of every member who has paid his assessments for the time. The County of Berkshire has received more than its share of these books in proportion to the assessments paid by its members.

The petitioners, in requesting of the Legislature "that the State Medical Society may be re-organized," have not stated the kind of re-organization which they desire. But in a printed document circulated by the Berkshire District Society last fall, among the physicians of the Commonwealth, they propose the plan now in operation in New York and Connecticut, by which the State Society is made up of delegates chosen by local societies in the various counties or districts. But they seem to have forgotten the fact that the affairs of the Massachusetts Medical Society are now wholly managed by a delegated body under the name of Counsellors, who are chosen from all parts of the State, in the proportion of one counsellor to every eight members. These counsellors, moreover, are selected by the District Societies where they reside, when such societies see fit to take the trouble, and they have a right to vote by proxy when they do not attend the meetings, and all other members of the Society have a like right to vote by proxy at the general meetings.

The undersigned are unable to imagine a plan more impartial, or more equal in its operation upon all parts of the Commonwealth.

The alternative proposed by the petitioners to the Legislature, is either to alter the organization of the Massachusetts Medical Society, or to set off the physicians of the County of Berkshire as a separate society "clothed with the usual powers and privileges pertaining to such bodies."

In regard to the first of these proposals, the petitioners should be aware, that the Legislature will not probably do any act to alienate the property of the Society, or to interfere with its corporate right to manage its own internal affairs, so long as its proceedings do not contravene the laws of this Commonwealth.

In regard to the second proposition, which is to incorporate the Berkshire physicians in a new society, the answer is plain. There can be no objection to the incorporation of any body of men or physicians, for any safe and praiseworthy purpose. But if by "the usual powers and privileges" of medical corporations, it is intended to include the power of conferring *licenses to practise physic*, this power becomes dangerous and liable to abuse. If such a power is granted to the physicians of Berkshire, there is no reason why the physicians of any other county in the Commonwealth may not claim the like privilege. And thus the State might be cut up into small and irresponsible tribunals, disposing of licenses for a pecuniary compensation, and not accounting to any higher authority for abuses which might result from the misuse of their privileges.

The Counsellors of the Massachusetts Medical Society deprecate the overthrow of a system of medical intercourse, harmony, and useful coöperation, which has existed for so many years, which has been the result of the careful deliberations and united wisdom of the physicians of all interests, and all parts of the Commonwealth. And they hope that the more mature reflections of the respectable physicians of the County of Berkshire will induce them still to coöperate in a system which has given to the profession in Massachusetts an enviable distinction among those of other States.

JACOB BIGELOW,  
ENOCH HALE,  
GEO. HAYWARD, } Committee.

*Boston, February 18th, 1847.*

#### CASE OF MALFORMATION.

[Communicated for the Boston Medical and Surgical Journal.]

SEVERAL professional gentlemen visited, the other day, at the Bromfield House, in this city, the subject of a remarkable malformation, a short account of which may be acceptable to some of the readers of the Journal.

Mr. Benoni T. Bachelder, the individual in question, is a native of Meredith, N. H. He came into the world twenty-eight years ago, bringing with him only one perfect limb—the left arm—the others being abortive stumps, much like those left after amputation of the arm and thigh.



The right humerus is a foot or more in length. The deltoid and pectoral muscles are well developed; the biceps has a well-marked fleshy belly, but tapers rapidly, in common with the other muscles of the arm, towards the lower extremity, which is rounded off without anything like a cicatrix, and has a small wart-like excrescence upon one side near its termination. This, Mr. Bachelder says, made its appearance some years since, and was not a part of the original conformation. The humerus is felt to be somewhat flattened, so as to spread a little transversely at the lower end, as if there were an effort at the formation of condyles. All the movements of the shoulder-joint are perfect, and he can press the imperfect limb against the side so as to imprison a hand placed there, pretty firmly.

The femoral bones on the two sides are each about a third of the natural length, and the rudimentary limbs terminate like the right humerus in rounded stumps. The extremity of each of these stumps has a little mushroom-like appendix or fleshy pad attached to it; that on the right the largest, bearing a certain resemblance to a flattened and boneless great toe, and capable of slight voluntary motions. The left is smaller, and can be retracted by a voluntary effort of the muscles of the stump. The pelvis is said to be narrow, by one of the gentlemen who had an opportunity of inspecting its formation.

The left arm is exceedingly muscular, the forearm and hand very thick from before backwards, and the whole limb possessed of great strength. The muscles of the radial region are very strongly marked, and give a striking fulness to the front of the forearm. The hand, though very thick (as already mentioned), is of moderate size, very well formed, and can grasp with a force not to be doubted by those who have once felt it.

Mr. Bachelder enjoys good health, and is not subject to headaches, indigestion, constipation, or pulmonary difficulties of any kind. The organic functions appear, in fact, to go on vigorously. His color is florid, the flesh firm, the pilous system flourishing, the state of nutrition satisfactory. His weight is at present ninety-two pounds, but at the age of 23 was, as he says, one hundred and seventeen.

His voice is rather acute than deep, his temperament cheerful, and there is much propriety and affability in his intercourse with visitors. With the exception of the parts that have been described, all the other organs, not excepting those of reproduction, appear to be of proper form and proportion. Life has not been without its attractions for him, in spite of his physical misfortunes; luxuriant health and expansive sensibilities confer privileges from which he has not been debarred.

Limited as his means of locomotion appear, he is by no means condemned to inactivity. By alternate flexions and contractions of the muscles of the trunk, he can throw himself up an inch or two from the floor, or cross the room in a rapid series of hops or jumps. The single arm which he possesses is to him what the so-called *foot* is to some of the mollusca. It is his organ of prehension and locomotion—the handle by which he picks himself up, as if he were another man's bundle—the radius vector at the end of which he revolves—the servant of all work, who does the tasks of four for the wages of one. He throws himself from spot to spot in

great swinging arcs, bouncing down his pack of robust viscera upon the floor as if it was a tennis ball. He seats himself by placing his hand on the floor and lifting his trunk into a chair as if it were a portmanteau. With this same extremity he can write ; by means of it he can, as he tells me, support himself in the water, though his movements therein are somewhat of the *volvox* order, and I have no doubt could defend himself from aggression with formidable energy.

No cause is assigned as having had an influence in producing the deformity with which he was born—a somewhat remarkable fact, as there is almost always a story connected with the uterine history of similar cases. He is one of a large family, all of whom are well formed.

Malformations similar to the one just described have been often observed both in man and the lower animals. The place they occupy in the classification of Geoffroy St. Hilaire is in the family of **ECTROMELIANS** (abortive-limbed), which is divided into three genera.

I. The *Phocomela* ; in which the hands or feet only appear to exist, being implanted directly upon the trunk.

II. *Hemimela* ; the upper or lower extremities very imperfect, terminating in the form of stumps ; fingers wanting or very imperfect.

III. *Ectromela* ; the upper or lower limbs wanting, or nearly so.

The case in question belongs, by the above definition, to the second genus—*Hemimela* (half-limbed) ; but the line of distinction between these genera is ill marked according to the great teratologist's own confession, and many of the cases mentioned under the head of *ectromela* had stumps and rudiments of fingers like the subject of this observation. Perhaps it would be correct to consider him as ranking with the *hemimela* so far as the left arm is concerned, and to belong by the formation of the lower extremities with the *ectromela*. These names are not a matter of mere curiosity or pedantry, for they furnish the key by which to get at the history of similar instances.

The case that comes nearest to the present is one which Geoffroy St. Hilaire mentions having himself examined. It was that of a young girl in whom the lower extremities were almost entirely wanting, the left arm being *hemimelic*, or half formed, while the right was of natural conformation. On the left side “the upper arm alone existed ; its size was natural, and a humerus could be very distinctly felt beneath the integuments, terminated by two condyles of very perfect formation, though articulating with no other bone. The limb terminated in a hemispherical stump, having at its lower extremity a very small rounded lobule which seemed to be a rudimentary finger.”

Ambrose Paré, Licetus and Schenkus, whose works I have the good fortune to possess, contain cases more or less similar to the above, but none which comes so near that which is the subject of this description. Here is one from Paré, with a portrait which looks as if it might be a likeness.

“In the year 1573 I saw at Paris, at the gate of St. André des Arts, a child, 9 years old, a native of Parpeuille, a village about three leagues



from Guise: his father's name was Peter Renard, and his mother, who carried him about, was called Marquette. This monster had only two fingers on the right hand, and the arm was well enough formed from the shoulder to the elbow, but from the elbow to the two fingers was very much misshapen. He had no legs, but out of his right thigh there proceeded an imperfect sort of foot, with something that looked like four toes; out of the middle of the left thigh came two toes, one of which had a near resemblance to the *membrum virile*." Here is an approach to the condition of Mr. Bachelder; the same three extremities were still more greatly malformed in his case. It is probably very uncommon to meet with so near an approach to the complete absence of these three limbs. Geoffroy St. Hilaire says that "the cases where the absence of one upper extremity coincides with that of one or both of the lower, and especially those where one lower and both upper limbs are wanting, are met with very rarely; in fact their occurrence in the human subject is hardly made certain." It is much less uncommon to find all four of the extremities wanting. The author just cited refers to various instances, and Schenck, whose immense and precious collection includes almost everything wonderful, quotes from Peucerus, who quotes from "Roman History" the statement that in Picenum children used to be born without hands or feet.

The most interesting points in this case are the existence of what may be called rudimentary toes, the general vigor of the nutritive system, in accordance with what is usually observed in similar cases, the apparent integrity of the reproductive organs and faculties in contradiction to what Geoffroy St. Hilaire states to be the rule in malformations of this kind, and especially the wonderful manner in which a single organ has been educated and strengthened for the new and varied duties which have devolved upon it.

The many difficult acts which persons born without arms have learned to perform with their feet, are familiar to all; within a few years we have had a remarkable illustration of this fact before our own eyes, in the person of Mr. Nellis. A large historical painting of great merit, was executed not long ago, in Paris, by an artist who had no arms, and made use of his lower limbs, which were malformed, in painting. As it is less common to see the rudimentary upper extremities made serviceable, and as old Paré tells his stories with such simplicity, I must give a literal version of one of them, only wishing I could transfer the portrait with its expressive accompaniments.

"A little while ago we had at Paris a man without arms, aged 40 years or thereabouts, who could do everything that other people do by means of their hands; for instance, with the stump of his shoulder and his head he could drive a wedge into a block of wood as hard as another man could have done with his arms. So he could crack a cartwhip, and do many similar things; and with his feet he ate, drank, and played at cards and dice, as you see in this portrait; and at last he became a thief, and a robber, and a murderer, and was executed at Gueldres, to wit, hanged, and passed under the wheel."

The unfortunates whom the French call *cul de jattes*—those who have arms, but no lower extremities, are frequently seen using their only members successfully as organs of locomotion. But here is a human being whom nature has cut down to the level of some of her humblest organisms, in giving him but one solitary organ of active muscular relation with the world about him. Yet, as if conscious of injustice, she has clothed that one limb with strength and beauty, and training it by the lessons of hard necessity, has gifted it with powers which, perhaps, no other human arm possesses in such perfection. The great principle of compensation, co-extensive with our wants, privations and sufferings,—the strongest argument perhaps that natural religion can appeal to in proof of the existence of a benevolent Creator,—finds here a striking illustration. The same Power that faced the incisors of the rodentia with their thick enamel, that cushioned the foot of the dromedary, that pours the solidifying juices about the ends of a broken bone, and thickens the cuticle when toil is pressing it too rudely; that scattered the seeds of the poppy, which feeds the gnawings of pain, among the cornfields that supply the great anodyne of hunger, reaches to the remotest anomalies that abridge the enjoyments or multiply the sufferings of any sentient creature. We cannot but hope that while a natural curiosity prompts many to visit this singular instance of nature's forgetfulness, they will learn to prize their own unheeded faculties more highly, and remember that the world owes something to a man who has no legs to carry him through it, and but one hand to stretch out to others for assistance.

*Boston, February, 1847.*

#### USE OF THE LETHEON IN LONDON.

[As intimated in the Journal last week, the ethereal inhalation seems destined, notwithstanding the jealousy of some and the doubts of many at home, to a general favor and use abroad. The following is some of the information on this point received by the last arrivals from England.]

**MIDDLESEX HOSPITAL.**—On Monday last, at the Middlesex Hospital, the efficacy of the ether was put to as severe a test as it has yet been subjected to. A man of 68 had been admitted with symptoms of stone and diseased bladder; so much pain, straining and struggling attended the attempts at sounding, that it was with difficulty satisfactorily accomplished. The vesical tenesmus was incessant, amounting to total incontinence of urine. Endeavors were made for several weeks to allay this extreme irritability, so that some urine might be retained or some water received as an injection, but in vain, neither could be endured; lithotripsy was consequently out of the question; and Mr. Arnott determined to perform the operation of lithotomy, unpromising as the case was, but, if possible, whilst the patient was under the influence of the ether. In seven minutes from the commencement, but in reality only two from the effectual inhalation, its influence was obtained. The catheter was then introduced, and some water attempted to be injected, but not above two



or three ounces could be borne, and this, retained by pressure, was ejected immediately on the introduction of the staff, which, owing to the state of parts, was effected with some difficulty and consequent delay; the bladder was cut into; the stone was grasped at once, but crumbled under the forceps, requiring their re-introduction several times; the scoop was employed to remove calculous matter like mortar; and, lastly, the bladder was injected four or five times, so as to wash it out. During the whole time, from first to last, the patient gave not the slightest indication of suffering; indeed, it was not until he was removed to bed and had been some time in it, and taken some brandy and ammonia, that he did so, and then of soreness merely. Nor was the influence of the ether limited to this, its anodyne effect was maintained during the evening, the man remaining in a dreamy and "very comfortable state," as he termed it. He declared that he suffered no pain; he knew that something was being done, but he recollects nothing distinctly "after blowing the horn." Up to this time, Wednesday evening, he is going on very favorably. Without the ether the pain in this case must have been most severe, and, from the circumstances mentioned, of more than ordinary duration, but happily the patient was spared it all. The apparatus employed was one invented by Mr. Bell, chemist, of Oxford street, who was present, and assisted Mr. Tomes in its application.—*Med. Gazette*.

**THE CÆSAREAN OPERATION.**—The subject of this case, a dress-maker, æt. 27, of a mild disposition, is only four feet one inch in height, on account of great distortion of the pelvis and lower limbs from rickets during childhood. Her general health is good. On the evening of the 7th of April, 1846, while under temporary excitement, she had connection once with a young man lodging in the same house. She was not aware of being pregnant until the seventh month, when she consulted a surgeon, who, conscious of her dangerous position, sent her to Mr. Skey, under whose care she was admitted into St. Bartholomew's Hospital. An accurate examination was then made by several distinguished accoucheurs, who were unanimous in their opinion that embryotomy would be impracticable on account of the extreme narrowness of the antero-posterior diameter of the pelvis. It was, therefore, recommended no operative proceeding should be adopted until the full period of utero-gestation; and that the Cæsarean section would then be the most proper measure. The nature of the case being fairly and fully explained to the patient, she readily consented to undergo any operation which offered the best chance of relief. At 2 o'clock in the morning of the 25th of January, she was awakened from sleep by the commencement of labor. The membranes gave way soon afterwards, and the pains increased. Mr. Skey, with several accoucheurs, made an examination, *per vaginam*, at half past 4, A. M. The os uteri was at that time very little dilated. A second examination was made at half past 7 o'clock. The os uteri was still in the same condition, but the labor pains were rapidly increasing. The operation was, therefore, no longer delayed. The vapor of ether was inhaled by the patient for six minutes before its effects were manifest; an incision eight inches in length was made down to the *linea alba*, com-

mencing two inches above the umbilicus, and terminating two inches and a half above the pubes. The linea alba was then divided to the same extent on a broad director. The uterus was fairly exposed, inclining to the left. Adequate pressure over the front and sides of the abdomen was necessary to prevent protrusion of the intestines. An incision from five to six inches in length was then made into the long axis of the uterus, from which a well-formed, healthy-looking female child was easily removed. The placenta was extracted shortly afterwards. Thus far the operation occupied six minutes. Immediate contraction of the uterus to one half its previous size followed the removal of the child. The free venous hæmorrhage which took place from its cut surface was arrested by cold water and pressure between the hands. In half an hour the uterus had contracted to such a size as to render its replacement within the abdomen safe. Accordingly, with the sanction of Drs. Rigby, Ferguson, Moore, P. Smith, and others, the incision in the abdomen was brought together by eleven sutures. Broad strips of plaster were applied to support the muscles, and cotton wool placed on the abdomen with a flannel roller over the whole. It may be as well to observe that the inhalation of the ether produced insensibility to the pain of the first incision. Its prolonged exhibition was not allowed, lest it might possibly interfere with the contraction of the uterus.—*Medical Gazette*.

**ETHER APPLIED TO VETERINARY SCIENCE.**—The vapor of sulphuric ether has, we hear, been employed at the Royal Veterinary College, Camden-town, on a sheep and a horse, with the most decided success. The first-named animal was affected, and had been for many months, with an incurable disease of the hock-joint. The pain was so severe that the poor sheep was quite unable to put her foot to the ground without experiencing much suffering. On being brought into the theatre she was caused to inhale the vapor of ether through a tube, and in about five minutes after it was evident she was under its influence. The leg was then amputated by Mr. Simonds at the thigh, without the slightest indication of any pain whatever. The operation occupied about six minutes, and within twenty minutes from the commencement the animal was removed from the theatre restored to sensation and consciousness. The horse was laboring under a chronic affection of the near fore-foot, commonly known by the name of the "naricular disease," for which the operation of "unnerving" is generally resorted to as a remedy. This is necessarily a very painful operation, and oftentimes the operator has to contend against the violent struggles of the animal, particularly at the instant when the division of the nerve is effected. In this case the ether vapor was inhaled for about thirteen minutes, when the horse fell forwards, and the nerve on each side the leg was divided by Mr. Spooner without the least manifestation of pain; a slight convulsive action of the limb, similar to that which takes place when a nerve of a recently-killed animal is cut through, alone giving indication of any sensation. Within twenty-three minutes this animal also had perfectly recovered from the effects of the ether. No restraint whatever was resorted to, to keep the animals in the required position for these operations, and the inhaler employed was



not one invented for the purpose, but an apparatus temporarily adjusted by Mr. Morton until a more perfect one was obtained.

PHARMACEUTICAL SOCIETY, JANUARY 13TH, 1847.—The lecture room of the Society was crowded this evening with members of the Society and medical men, to hear a paper on Mr. Squire's instrument for the inhalation of the vapor of ether, and to see and to hear descriptions of other instruments for the same purpose.

Mr. Squire observed, this is now the all-engrossing subject, and public attention is daily called to the several operations which have been performed without the accompaniment of severe pain, heretofore experienced : some failures are also recorded, without stating the particulars as to their cause. In constructing the apparatus, I have taken into the account the weight of the vapor of ether, and have placed the tube near the bottom part ; considering, also, that its stimulating effects on the air-passages causes coughing, I have regulated the supply of air to dilute it at the commencement of inhalation, with means to increase its strength until the patient is able to bear its full force. To secure a full supply, I have filled the upper vessel with sponge, and have also a collar of sponge around its descending tube at the bottom of the lower vessel, which imbibes any liquid ether in excess, and also serves further to impregnate the air in its passage to the tube for inhalation. The apparatus is supplied with ether at the top by a funnel, and falls in a shower on the sponge ; a valve is placed in this part to admit air, and closes to prevent the escape of ether. In the other parts, Reed's patent valves (for the improvement of which he has recently taken out a patent) are, by his permission, used in this apparatus, and I trust that it may serve the very useful purpose, that its original was so successful in.

After Mr. Squire had exhibited and explained his instrument, Mr. Hooper gave an account of his apparatus, or rather, of improvements which he had made in the instrument, suggested by Dr. Boott and Mr. Robinson, and which had received their sanction. It would be unprofitable to follow the various remaining describers of instruments which were exhibited, many of which had not been tested in practice ; they were really so numerous, that it would appear that the whole scientific portion of the members of the Society, as well as that of many others, had been employed in inventing and contriving means for administering the vapor of ether. The modifications attempted were from the most elaborate and complicated pieces of machinery, to mere bladders with an elastic tube and stop-cock, the latter having the advantage of not being protected by either "caveats" or "patents."

The object of the exhibition, at least, was answered, for each had an opportunity of exhibiting "his adopted," and, like a fond parent, saw advantages in his own offspring which he failed to find in that of others.

We may fairly sum up the results of the evening's "exhibition," in observing, with the President, that each form of apparatus exhibited had appeared to answer the purpose for which it was intended ; that the simplest apparatus, if effective, must eventually be the most useful, and that time and experience only could demonstrate, amongst the many com-

petitors, which form of instrument was the most likely to be generally useful.—*London Lancet.*

[The four Nos. of the *London Lancet* for January abound with cases and remarks connected with the ether—one of the general heads of that work now being “Operations without Pain.” The experiments were performed in most of the Hospitals, and were generally successful, the failure in a few unsuccessful cases being traced to some defect in the apparatus, and in a few to peculiarity of temperament. No injurious after-consequences seem to have been noticed. One trial in a medical case (that of tetanus) was made by Dr. Ranking, but the ether was useless, the spasms being even augmented thereby. Dr. Boott publishes a letter from one of the Queen’s counsel, who contends that the patent for the use of the letheon cannot be supported, however it may be with the instrument furnished by the agent. The same view is taken by a legal correspondent of the *Lancet*. To this Mr. Dorr, the agent, replies, that no counsel can safely give an opinion of the matter until he has seen the specification of the patentees, which has not yet been made public. One of the most amusing things connected with the matter, is the claim by Dr. Robert H. Collyer, now in England, of being the discoverer of the process, inasmuch as in a work published in Boston, in 1843, he distinctly declared, “*a congestive or unconscious state may be induced by the inhalation of narcotic or stimulating vapors.*” Mr. Wakley, the editor of the *Lancet*, is unbounded in his exaltations of the discoverers of the letheon, but repudiates the patent. The following brief extracts from his article on the subject will show its spirit.]

“Some hundreds of operations without pain have been performed in America. Capital and minor surgical operations have also been performed in this country, at University College Hospital, King’s College Hospital, Guy’s Hospital, St. George’s Hospital, the Westminster Hospital, Addenbrooke’s Hospital, Cambridge, Richmond Hospital, Dublin, the Bristol General Hospital, Birmingham and Wolverhampton, and by many individuals in private practice, and the operations are increasing in number daily, so that there can be no reasonable doubt of the reality of the new mode of producing temporary insensibility to pain. Medical men have always been seeking for this priceless treasure to surgery—the greatest members of our profession, in ancient and modern times, have sought, and hitherto sought in vain, for any practicable and safe method of conquering the horrors of the operating-room. Up to this time there were no means of alleviation, except the administration of narcotics and intoxicating drinks, the compression of the nerves, celerity in operating, and the division of the nerves at the first stroke of the knife. It at once stands confessed, that the inhalation of sulphuric ether vapor for a few minutes, which is found to produce a transient but total suspension of sensation, without any ill results, is vastly superior to all measures previously devised for this purpose.”

“The discovery of Dr. Morton, the hitherto unknown dentist of Boston—more striking to the general than to the scientific mind—will, undoubtedly, be placed high among the blessings of human knowledge and



discovery. Sulphuric ether has long been used as an anti-hysterical remedy of ordinary power; the inhalation of the weak vapor of ether was known as a toy, and sometimes used by chemical youths for mere frolic; and it was known, also, in a concentrated state, as one of the narcotic poisons. By a new and happy application and generalization, this drug, or toy, or poison, has been invested with fresh powers, which almost realize the fabled *Lethe*. From being one of the playthings of knowledge, it has been metamorphosed to one of its greatest triumphs; it has been, at one leap, transferred from the pages of toxicology to the latest, and almost the fairest, page of the healing art. That its discoverer should be an American is a high honor to our Transatlantic brethren; next to the discovery of Franklin, it is the second and greatest contribution of the New World to science, and it is the first great addition to the medical art."

"A patent has been taken out for the discovery, the American patent standing in the names of Dr. C. T. Jackson, of Boston, one of the most celebrated physicians in the United States, and Dr. Morton, the discoverer. This question of patent is a stain upon the whole matter. We trust it will speedily be relinquished; and we are assured, that for the patentees to attempt to maintain it by law would be most preposterous, and impossible. If it should realize all the present anticipations of temperate and calm-judging men, the thing is far too noble to be clogged with a mere commercial transaction. Not that Dr. Morton should pass unrewarded; he deserves, if his discovery stand the test of time, the gratitude and reward of every civilized people and government upon the face of the earth: he will have, we should hope, too strong a claim on their spontaneous gratitude, to need to resort to compulsory reward. How much more imperative would his claim be than the demands of those who have merely invented some new engine of destruction!"

---

#### MERCURY AS A REMEDY.

By J. B. Harrison, Esq., Eng.

NEXT to bloodletting, mercury perhaps stands in the estimation of British practitioners. Few medicines have been so largely employed, so greatly valued, and so much deprecated, as mercury. In this country, at least, it enters largely into our prescriptions, and is considered by the majority of practitioners as one of our most valuable and efficacious medicines. Mercury, according to its administration or mode of preparation, is used with various objects. In many instances, the action of mercury as a purgative seems to be more effectual than that of any other medicine. Whether, in such cases, it have any specific effect on the biliary secretion I cannot say; but certainly much good arises from its use. The combination of calomel with colocynth, or a few grains of calomel, followed by a black draught, are eminently useful in many nameless states of indisposition—probably more useful than any other cathartic. Again, mercury

is extensively employed in the treatment of inflammation; and after bloodletting and the adoption of other measures designed to relieve the early and more acute symptoms, it is considered as chiefly to be relied on. I believe this opinion to be deserving of credit; but I imagine the confidence commonly placed in it much exceeds what it really deserves. In the majority of cases in which mercurials are pushed with a view to arrest morbid action, or to restore parts which have suffered lesion, it is impossible to say what may be the true amount of relief afforded; and it should never be forgotten that most of the effects attributed to medicine in this, as in many other cases, would probably have been brought about by the unaided operation of natural causes. Of mercury as an anti-syphilitic, there is great difference of opinion. Large treatises and numerous volumes have been dedicated to the discussion, and it may appear presumptuous here to attempt to decide a controversy which has been so long and warmly carried on. Yet every practitioner must, in point of fact, decide this question for himself, so that an individual cannot be wrong in expressing his own convictions on the subject. For my own part I have seen nothing to give me that undoubted confidence in mercury which it was formerly common to repose in it. The bad cases of syphilis which I have seen have been cases in which mercury was or had been employed; some of them, I think, have been greatly aggravated by it. When the disease has been early discovered, I have generally treated it without mercury, and have had no reason afterwards to regret that I have not had recourse to it. In most of the chronic cases, I have met with, mercury had been given previously, or I was induced to make use of it, being unwilling that the patient should not have immediately the benefit of a line of treatment in which it is common to confide. Respecting the reputed *alterative* effects of mercury I cannot say much. The word *alterative* is, undoubtedly, a very flattering one to the patient; but it should be remembered that it is only a name. When a person has suffered for years from an obstinate complaint, and is fairly worn out by watching and unrest, it is evidently pleasant to him to imagine that he is taking an *alterative*, to *alter*, as he presumes, the condition of his system. But the case is far from appearing of so promising an aspect if the term *poison* be substituted, which is often quite as appropriate. Perhaps the patient may be taking minute doses of the bichloride of mercury; and if the practitioner were candidly to confess, he would be as much astonished as the patient would be pleased, if a cure were really accomplished ascribable fairly to the medicine employed. But what, then, does the practitioner expect? Why, if the truth must be spoken, he anticipates nothing whatever, and if any effect do happen to manifest itself, he is in great haste to withdraw the remedy. I grant that in some cases of chronic enlargements, as those of the testicle or mamma, the exhibition of small doses of mercury may be greatly beneficial, even curative; but here its influence is directed to the arrest of inflammatory action, or, more properly, to the removal of its consequences.—*London Lancet.*



## THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, MARCH 3, 1847.

*Ship Sickness.*—Scarcely an emigrant vessel arrives from Europe, the passengers of which have not suffered more or less from sickness. It is extremely difficult to define the character of the disease that prevails. Although it is ordinarily called ship fever, which is something that is supposed to be well understood, yet very little is accurately known of it. It is impossible to pack one or two hundred men, women and children in the hold of a vessel, where they are obliged to remain from four to nine weeks, without deranging the vital machinery. The atmosphere alone, in its altered condition, soon becomes a prolific source of disease. Filth accumulates with astonishing rapidity, in spite of cabin mandates—and, strange as it may appear, steerage passengers, more especially the Irish, seem not to make the least effort to rid themselves of perpetual sources of nuisance, however offensive the odor. They huddle together in groups on a wet floor, and sleep in their wet or damp clothes, and never, unless obliged by the fear of losing some privilege, make much exertion to be comfortable. In connection with these evils, are the rolling of the ship, sea-sickness, bad water, poor provision (and not enough even of that), in the endurance of which, if the passengers were not sick, the wonder would be far greater. A few on board every emigrant vessel resist the combined influences of fœtid odors, miserable accommodations, rags, vermin, and all the wretchedness of extreme poverty, and appear not to suffer therefrom; but the sacrifice of life to these causes is a melancholy proof of the extremely bad management on board of such vessels. There is no perceptible modification of the system, and hence the history of one ship's sufferings is the prototype of all. When government forbids any vessel to carry more than two passengers, with suitable provisions and water, for every ten tons—instead of two for every five, as the law of this country now permits—there will be no unnecessary sacrifice of life to commercial avarice. Ship fever is induced from these causes, and invariably subsides by removing the patients into pure air, and giving them appropriate food. Where the prostration has been carried too far, and delirium exists, hardly a prospect of recovery remains. Very learned dissertations have appeared on this subject, and such an exact course of medication prescribed, that nothing remains to be done on that score, but to remark, by way of appendix, that medicine appears to be of no value when provisions are failing, and accommodations such as they usually are in an emigrant ship. We feel a degree of confidence in saying this, because it is based not only on common sense, but on years of experience and watchful observation into the actual condition of that class of vessels when they arrive in American ports. Were the same sanitary precautions introduced, that are vigilantly instituted and enforced in men-of-war ships, the same excellent standard of health would follow. Ventilation is sadly overlooked, if not utterly neglected, in emigrant vessels. It is true that the hatches are open; and it is also certain that the rain pours through them, and sea-water, too, in unwelcome volume, dashes in occasionally; but there

is nothing like a determination to keep the hold perfectly dry and thoroughly ventilated. Mr. Frederick Emerson's recently-invented apparatus, the most ingenious and philosophical yet devised, would obviate much of the evil of bad ventilation. Let it be once introduced into these vessels, and one of the most active agents in the production of ship fever would be overcome. Till some such means are used, by which a free circulation of pure atmospheric air may constantly exist through the entire hull, from stem to stern, life will continue to be sacrificed, and fearful exhibitions of disease still cling to the emigrant ship.

---

*Velpeau's new Elements of Operative Surgery.*—Dr. P. S. Townsend, of New York, has completed his translation of the third great volume of this very elaborate work, which is accompanied by a quarto atlas, of 22 lithographic plates, representing the principal operative processes, and the instruments used by the best surgeons in the world. Thus this work—comprising three very large and truly massive octavos, the last of which contains 1162 pages—is finished, and it now remains for the profession to show that the enterprise meets their approval, by placing the set in their libraries. We remember that some severe remarks were made upon this undertaking, on account of the alleged freedom with which the translator called up the name of Dr. Mott. An apology is to be found for Dr. Townsend, if such was the fact—a point about which men might disagree—from the circumstance, that he was Dr. M.'s pupil, and was under peculiar obligations to that eminent surgeon. But it is not at all necessary to regard the observations of those who overlook the real merits of the book, in their willingness to show up its defects. There is an immense amount of surgical information embodied in this colossean production of Velpeau, whose authority is not to be questioned, however abrupt or offensive he may have shown himself to foreign strangers. It is said that this distinguished operator has a haughty, forbidding air, poorly calculated to win the personal esteem of those who freely acknowledge his high claims to the rank assigned him by his own countrymen; yet no one would presume to maintain the absurd proposition, that therefore Velpeau was but a common surgeon. The published opinions of a man are the true exhibition of his attainments, in whatever department of life he is found. Here is a splendid accumulation of experience, and evidence of great industry in the labor of bringing it into an orderly bibliographical shape. May Dr. Townsend receive a reward for the service he has rendered, commensurate with his deserts as a faithful translator, annotator and author. The work may be had in Boston at Ticknor & Co.'s.

---

*Dr. Buchanan's Introductory Lecture.*—On some former occasion, the existence of the new institution, called the Eclectic Medical Institute, at Cincinnati, was noticed in the Journal. The class appears to have been so charmed with two recent introductory discourses, that copies were requested for publication, which could not well be denied, when such an admirable opportunity opened for distributing the new school doctrines. The first in order was delivered by the *soi-disant* discoverer of neurology, alias animal magnetism, alias mesmerism. Give it what name we may, it invariably comes up the same old sixpence, upon which the author holds on like a wrecked mariner to a floating spar. After quoting the opinion of Dr. Elliot-



son, of London, of mesmeric notoriety, and saying something of his own in favor of Hahnemann, the offensive odor of neurology leaks out at the cracks, although the doctor evidently endeavors to keep it as snugly out of the reach of the senses as possible. The lecturer exclaims, in an ecstasy of thought, "The value of neurology, as a complete and beautiful system of anthropology, as a great extension of our physiological knowledge, and as a philosophical development of the moving power of life," &c.

But it would be useless to pursue the thread of his reasonings, because it all terminates in that never-ending topic upon which his mind appears to have been addled for some years. Yet there is no more upright man living, nor one of whose moral purity of character and disposition to ameliorate the condition of humanity we have a higher opinion, than this same indomitable lecturer on the shadow of a shadow. Were his acknowledged powers of analysis concentrated upon some important pursuit, he would undoubtedly occupy a far more elevated position, and be more useful to others, than it is possible while wasting his philosophical strength on a phantom.

*Dr. Jones's Introductory.*—Associated with the foregoing—being stitched in the same cover—is the first lecture of the Professor of *Materia Medica, Therapeutics and Botany*. The Eclectic Medical Institute is fortunate in having secured the services of a person who thinks appropriately, and in accordance with that system of philosophy which addresses itself to the understanding. He presents no hobby, advocates nothing reprehensible even in theory, and on the whole reasons, or rather enforces his views, in a manner so cogent, with regard to quackery, that the reader would hardly suspect Dr. Jones belonged to the latest school of pseudo-medical reformers in this free country. Towards the closing pages there is a slight disposition shown to make it appear that there is a kind of parallelism between the Eclectic Institute, or some of its faculty, and Harvey and Jenner. But this is a weakness altogether pardonable in new beginners. There is no little satisfaction in believing one's self persecuted for righteousness sake, especially if there is a good chance for showing fight. Nothing advances even a bad cause, like opposition, and in the various schemes of our day for darning and patching up poor over-dosed humanity, the cures by means of new theories, new drugs and new hands, are wonderful in proportion to the strife and uproar attending their introduction. Dr. Jones evidently possesses talents of no mean order. Should he continue in his present connection, the fact should be classed among modern miracles. His mind is already in advance of his compeers, if this lecture is a correct indication of intellectual activity, which, as well as an earnest conscientiousness, characterizes this whole performance.

*The Pennsylvania Hospital for the Insane.*—The Report, for the year 1846, of this institution, located in the city of Philadelphia, by its physician, Dr. Kirkbride, has been received. In addition to the introduction of a regular course of scientific lectures for the inmates, which was made last year, Dr. K. has this year commenced the employment of a lady to act as teacher and companion to the patients—who is to give her whole time not so much to the care and supervision of the patients, as to kindly endeavors to rid them of their delusions, to instruct those who are ignorant, and to be

a companion to all. The following quotation is made from Dr. Kirkbride's report :

"Up to the date of the last Report this Hospital had had under its care 769 patients: of these 313 had been discharged perfectly cured, 287 had left us, in various states of improvement, stationary, or had died, and 169 remained in the institution.

"Since that date 167 have been admitted, 175 have been discharged or died, and 161 remain under care at the close of the year. The lowest number during the whole year is that reported at its close; the highest number in the house at one time was 185, or 5 more than its total estimated capacity: the average number for the entire year was nearly 173, and the total number under care during the year was 336.

"Of those discharged during the year 1846, were, cured, 89; much improved, 17; improved, 28; stationary, 27; died, 14. Total, 175."

*Resignation of Dr. Warren.*—Dr. John C. Warren, whose resignation of his professorship in the Massachusetts Medical College was alluded to last week, delivered his valedictory, as we understand, on Monday. Who will be his successor, in a chair that has been occupied by father and son from the first organization of a medical department in Harvard University, is yet unknown. Rumor speaks of several candidates. Report says that Dr. Warren will continue his connection with the Massachusetts General Hospital.

### New York Correspondence.

*Eminent Physicians and Surgeons.*—Dr. John W. Francis, of New York, has recently delivered a discourse of great interest before the *Æsculapian Society*, in the University of New York. The subject was the history of eminent physicians and surgeons who have been contemporaneous with the lecturer, either as practitioners or teachers, during the last forty years. He portrayed the character and peculiarities of each of these worthies, graphically describing them physically, intellectually and morally, and awarding to each the merit of whatever he may have contributed towards the profession, either in literature or renown. Bard, Romaine, Rodgers, Mitchill, Seaman, Miller, Kissam, McNeven, Hosack, and others among the departed, severally passed in review before the audience, the characteristics of each being depicted with life-like accuracy, and illustrated by anecdotes at once racy, rich and entertaining. The staid gravity with which some of the most comical incidents were related, and the piquant point with which they were introduced, was at once unique and irresistible. Those who are familiar with the dignified and even venerable appearance of the lecturer, looking full 20 years older than he is, could scarcely prepare themselves for the vivacity and humor with which this biographical discourse was enlivened, and which therefore surprised the audience into frequent bursts of applause.

In thus doing honor to the illustrious dead, Dr. Francis took occasion, incidentally and subordinately, to allude to a few of the living, who by their eminence as teachers, their skill in the art of healing, or their labors in the literature of the profession, have added to the claims of New York. And the discourse concluded by an earnest exhortation and appeal to the stu-



dents to imitate the exemplary excellence of the departed worthies of whom he had spoken, that they might excel the past and passing generation of physicians by their learning and success. A copy of the discourse having been promptly solicited for publication, it will doubtless be found, when it appears, to possess more than mere local interest, its author having already acquired an enviable distinction by his former contributions to both history and biography.

*Close of the Lecture Season.*—The session of annual lectures in both of the New York Universities being about to close, there appears to be quite an excitement among private teachers in their projected lectures for the ensuing spring and summer. Several distinct courses are determined on by associated gentlemen of the Faculty, besides numerous private teachers and examiners, who advertise for pupils, and some of whom, singly, profess to teach every one of the departments, theoretically, practically and clinically! Verily this is a great country for manufacturing doctors. But still New York is behind some other cities, both in manufactories and in the raw material. We only have two colleges, some 600 students, half a dozen private schools, and three medical periodicals. Philadelphia has three colleges at work all winter, a dozen or more private teachers and summer courses of lectures; and now another chartered college is about to commence a stated spring course, with every prospect of success, for it is said that nearly or quite a thousand students are now in that city. Baltimore has two colleges and a prominent private school, and between them possibly 200 students; and your own city, Boston, notwithstanding the numerous schools in its vicinity, is increasing its class, and multiplying private teachers. And so, North and East, South and West, all the colleges are flourishing, while of the students it may everywhere be said, "still they come!" But there is no danger of being overstocked with doctors, for our country is growing in territory as well as population, faster than all our manufactories can work up the raw material, abundant as is that article. To Iowa and Texas, we are now about to annex, by conquest or purchase, California, New Mexico, and at least a large slice of old Mexico herself; while Oregon is already ours to 54° 40', if not beyond. Surely, between the Atlantic and the Pacific we shall have field enough, especially as our possessions will soon extend from Cape Horn to "Nova Zembla and the Lord knows where."

---

TO CORRESPONDENTS.—Dr. Reese's reply to "M." Dr. J. A. Allen's cases of surgical operations under the influence of sulphuric ether, the paper of S. with the specification of Drs. Morton and Jackson in the case of the patented letheon, and Dr. Dixon's observations on stricture of the urethra, have been received.

---

MARRIED.—At Kalamazoo, Mich., Jonathan Adams Allen, Jr., A.B., M.D., to Miss Mary Ann Marsh.

---

DIED.—At Liberty, Tioga Co., N. Y., Dr. Riennald, a highly respectable German physician, found dead in a valley, shockingly mangled by a panther while on a professional visit.—At Trenton N. J., Dr. James F. Clark, much lamented.—At Middleboro', Ms., Dr. H. D. Hitchcock.

---

*Report of Deaths in Boston*—for the week ending Feb. 27th. 51.—Males, 22—females, 29. Stillborn, 2. Of consumption, 10—lung fever, 7—brain fever, 2—old age, 4—dropsy on the brain, 3—delirium tremens, 1—teething 2—scarlet fever, 1—inflammation of the lungs, 1—spine disease, 1—infantile, 1—dropsy, 1—apoplexy. 1—inflammation of the brain, 1—disease of kidneys. 1—typhus fever, 6—disease of the liver, 2—croup. 2—tumor. 1—measles, 1—pleurisy. 1—scrofula, 1. Under 5 years, 19—between 5 and 20 years, 8—between 20 and 40 years, 8—between 40 and 60 years, 9—over 60 years, 7.

*Prof. Desmarres's Treatise on Diseases of the Eyes.*—In No. 3 of this volume of the Journal, an extract was inserted from a French work, now in process of translation by one of our countrymen, Dr. Clendinen, of Baltimore, who kindly forwarded it to us for that purpose. His own letter accompanying it was not, however, inserted; but, as it contains a reference to his agency in the translation of the work, it is thought advisable, even now, to publish it. On the opposite page, in this number, we also again insert the wood-cut illustration of the deformity of the eye described in the translated extract, which in No. 3 was so disfigured in the printing as to be of little use as an illustration. Subscribers are requested to cut it out of this number and paste it over the one in No. 3. The following is the letter alluded to, addressed to the editor:

"SIR,—I beg leave to offer for insertion in your Journal, the enclosed extract of a translation, upon which I am now engaged. The work of Prof. Desmarres (Demar) is entirely practical, and will give the best elucidation of the ectrotic system of medication, as applicable to acute ophthalmias. I am therefore grateful that he has entrusted to me an onerous, but a useful task, one which from my connection with him, I may possibly be enabled to perform advantageously to readers in the English language. I cull from the earliest products of my labor, a narrative of a rare and interesting case of Epicanthus, and as above stated ask you to insert it."

---

*New York State Lunatic Asylum.*—The fourth Annual Report from this institution, under the care of Dr. Brigham, has been received, and from it we gather the following particulars:

"At the beginning of the year 1846, the number of the patients at the Asylum was 285; admitted during the year, 337. Total number in the course of the year, 622. Of this number there have been discharged—recovered, 133; improved, 60; unimproved, 33; died, 22. Total discharges during the year, 248. Remaining in the Asylum, Nov. 20th, 1846, 374.

"In addition to the recoveries of patients, mentioned in the foregoing table, there are now above thirty in the Asylum who are well. Some are waiting for their friends, who have already been notified to come for them, and others remain with us awhile, for fear of becoming again unwell if they return to their homes, where they will be too soon exposed to the exciting causes of the disease from which they have just recovered.

"This number of restored patients is not, however, larger than generally remain here, and who contribute very much to the good order, comfort and welfare of the other patients. We have found among the advantages of a large number of patients at one Institution, is that of always having many who are nearly or quite well, and who constitute a most useful class of assistants. They do us great good by taking an active part in labor, schools, exhibitions and other amusements that engage the attention, and benefit many of the insane, but which cannot be conducted in an interesting manner without the aid of a considerable number of those that are rational."

---

*Willoughby Medical College.*—Very complimentary resolves were passed at the Willoughby Medical College, Ohio, by the class, in favor of Dr. A. Trowbridge, the professor of Surgery. He has long been extensively known for his indefatigable exertions, both as an operator and teacher of Surgery.



THE

BOSTON MEDICAL AND SURGICAL JOURNAL.

---

VOL. XXXVI.      WEDNESDAY, MARCH 10, 1847.

No. 6.

---

THE ETHER INHALATION IN PARIS.

To the Editor of the Boston Medical and Surgical Journal.

MY DEAR SIR,—You and the readers of your Journal may like to learn something of the introduction into Paris of the inhalation of sulphuric ether, and of the views of the French medical professors in regard to its power in destroying sensibility to pain, its usefulness in surgical operations, and in the alleviation of physical suffering.

In November last I received from a medical friend a letter, in which he informed me of the discovery made by Dr. C. T. Jackson, that the inhalation into the lungs of sulphuric ether would render patients insensible to pain during surgical operations, and that two operations unattended by pain had been performed at the Massachusetts General Hospital on patients while under its influence. I should have been cautious in giving credence to this report had it reached me through the pages of a medical or other Journal; but having been communicated to me by my former medical instructor, I could entertain no doubt of its truth. In a day or two after the reception of my friend's letter, I called on M. Velpeau and read to him its interesting contents. He seemed much interested in the statement, but expressed much incredulity as to the virtues claimed for the ether. I expressed a wish that he would make an experiment with it on some one of his surgical patients, to determine the question of its power over sensibility. This proposal he politely declined to comply with—being more influenced, as I thought, by a disbelief in the efficacy of the ether in destroying sensibility, than by the fear he entertained of any injurious effect the inhalation of it might have on the health of his patient. It has often been said by those who profess to be familiar with the character and prejudices of the French medical professors, that they are unwilling to acknowledge that anything original in medical science can be discovered out of France; and that a discovery valuable to the healing art can be made in America, 3500 miles from Paris, is in their opinion impossible—that an idea of such a phenomenon is *tout a fait abnormal!* This is a severe reflection on the character of the physicians and surgeons of Paris, and in my opinion ungenerous and unjust. I have made the acquaintance of a number of them, and nobler, more liberal and generous minds than those of Velpeau, Andral, Louis, Roux, Lugol, and others, cannot be met with in any city or country. In the hospital, in the lecture-room, and at their meetings for the discussion of medical

subjects, the French medical professor exhibits no such confined and illiberal notions or feelings as those above alluded to. And yet I cannot resist the conviction, that, if the discoveries made in Boston—that of cerebral auscultation, and the one under consideration—had been made in Paris, the whole medical faculty of the capital would have readily engaged in their investigation. There is one characteristic which I think may be said to be peculiar to the French medical savant, and it is one worthy of the true philosopher. The moment a new discovery has been proclaimed and supported by evidence sufficiently abundant to claim his attention, he proceeds at once to institute, on a broad and varied plan, a series of observations and experiments for the purpose of testing its reality and value, and perseveres in his labor, with all the ardor of a youthful discoverer, until the question is determined. Such, I doubt not, will be their course with respect to the two discoveries alluded to, when these shall have become “fixed facts” in Paris.

Having failed in my endeavor to induce M. Velpeau, and one or two other surgeons, to make an experiment with the ether, and feeling a strong desire that the discovery of Dr. Jackson should be brought, without loss of time, to the notice of the profession of Paris, I decided to inhale the ether myself in the presence of witnesses—being confident, that if the experiment should prove successful, it would induce the medical officers of the hospitals who should hear of it, to make similar experiments, and to become interested in the subject. At the time I resolved to breathe the ether I was suffering severely from the toothache, and had determined to have the offending tooth extracted. Having made an appointment with a dentist, I went to his office with my friend Dr. Mason, and there, in the presence of some other professional gentlemen, I commenced inhaling the ethereal vapor from a rude apparatus I had constructed for the occasion. I continued the process for about a minute, when my friends, on observing me to be much excited, objected to my continuing the inhalation longer, and took the instrument from me. The experiment, therefore, proved a failure, but not a total one, for a feeling of stupor and drowsiness succeeded the excitement which the ether produced in me. This result, however, had no influence over incredulity. The unsuccessfulness of this experiment did not weaken my faith in the power ascribed to the ether, and I still urged my friends to make experiments. On the 15th of December M. Jobert invited me to visit the Hospital Saint Louis and administer the ether to one of his patients. I accepted the invitation. The inhaler I employed on this occasion was similar to those now used in Boston, except that it was not provided with valves.

The patient who was to be the subject of the experiment had a cancer of the lip; and in consequence of the morbid condition and tenderness of the organ, he experienced a difficulty in applying his mouth to the opening of the glass globe, and found it quite impossible to inhale the vapor with the requisite facility and rapidity. After inhaling the ether for a few minutes he became partially affected by it, but not sufficiently to produce insensibility, or to satisfy the surgeon, whose faith in the suc-



cess of this new application of ether was not very strong. Nothing more was attempted in the way of experiments with the ether, until the reports of the American and English surgeons, and the letters of Drs. Ware and Warren of Boston, in regard to it, were published in the Medical Journals of Paris. Then a new interest in the subject was manifested by the faculty, and a number of experiments with the "letheon" were made by surgeons.

On the 12th of January, M. Malgaigne reported to the Academy of Medicine the results of four operations performed on patients at the Hospital Saint Louis, while under the influence of the ether. The announcement of these results gave rise to an animated discussion of the properties of sulphuric ether. M. Velpeau stated, that some six weeks ago, he had been advised by a young American student of this new application of ether in his native city, and had been requested by him to make an experiment with it; that since that time he had received a letter from Boston, in which a most gratifying account of its success was given by the writer. "Still," said M. Velpeau, "I did not dare to make the experiment. Sulphuric ether is a substance, the full effects of which on the system are yet unknown, and I have refrained from administering it to patients by inhalation, through a fear that the free and full inspiration of it might occasion grave and perhaps fatal accidents." Before he could feel himself authorized to employ sulphuric ether in the manner now proposed, and in surgical operations, this distinguished professor declared that he must know more of its properties, and of the influence it is capable of exercising over the various organs and functions of the body, and whether its power in deadening sensibility would be lasting enough to render it available in lengthy operations. Other members of the Academy were of the opinion that the fears of M. Velpeau in regard to the danger of inhaling sulphuric ether, were unreasonable, and unauthorized by facts or experiments. M. Guibout stated that he had within a short period inhaled ether in considerable volumes without having experienced any inconvenience. Another member expressed the opinion that the structure of the lungs must suffer from the inhalation of the article—and a third and a fourth, that the functions of the heart and brain would be deranged, and perhaps permanently so, by the process. All the members, however, were of the opinion that more information was demanded in order to authorize the free employment of the ethereal inhalation—that hitherto the experiments with the ether had been made in Paris without caution, without a proper apparatus, without a specific purpose, and without a consideration of the physical condition of the patient. All this was true, and it is unfortunate that most of the experiments have been made by those who were unprepared to investigate so important a subject, and who were ambitious of notoriety. This discussion seemed to result in the general opinion that the discovery in question was one of great importance—the beneficial applications of which no one now could foresee or predict.

At the meeting of the Academy on the 18th of January, the subject was again discussed by its members. During the week that had passed, numerous experiments had been made with the ether, and with varied

success. But the majority of the experiments were failures. Some were partially successful, but none perfectly so. This was doubtless owing to the imperfection of the instruments used, and the impurity of the sulphuric ether. The instruments employed as inhalers were of various kinds, and consisted of phials, bottles, glass tunnels, retorts, &c. In fact, the mechanical ingenuity of all Paris was put in requisition to construct an apparatus which would serve the purpose. Fortunately for the sanity of anxiety, one of the Boston inhalers, armed with sponge and valves, reached me. It was sent me by a friend, and was an unexpected present, for which I beg to render to the kind donor my warmest thanks. On the day after its reception, I exhibited it to MM. Velpeau, Roux, Louis, Ricord, Lugol and others, all of whom examined it with much attention, and were highly delighted with the simplicity of its construction.

On the 23d of January, by invitation of M. Roux, I went to the Hospital, Hotel Dieu, and administered the ether to a patient by means of the Boston inhaler, and, I am happy to say, with perfect success. The patient came under the influence of the vapor in the space of three minutes, and was rendered perfectly insensible. M. Roux then performed a surgical operation on him, without his exhibiting any signs of suffering. On the same day M. Velpeau performed an operation on a patient at La Charité Hospital under like circumstances, and with like fortunate results. These successful experiments have dissipated the doubts these distinguished practitioners at first entertained of the reality of the newly-discovered powers of the ether, and all those surgeons who received the first accounts of them with distrust and incredulity, are now unanimous in according to the discovery great value, and in declaring it to be worthy of the age. At the present moment this discovery is the principal topic of remark, not only among the medical men of the capital, but also among all who take an interest in the progress of science, and in the alleviation of human suffering. It has, indeed, taken full possession of the French mind. The planet *Le Verrier* and the gun cotton are no longer thought of in Paris.

The inhalation of the ether is now employed in all surgical operations, both great and small. It has been employed even to assist parturition! M. Deschamps, having given ergot to a patient ineffectually, administered to her the ether, and terminated the labor by the forceps, while she was in a state of insensibility. Nor have the experiments with the ether been confined to the human subject. At the Veterinary Hospital at Alfort, horses, dogs and other animals have been made to inhale the vapor, and operations have been performed on them without the manifestation of pain.

Such has been the introduction and the success of this great discovery in France. As yet I have heard of no unfortunate accidents resulting from the various applications that have been made with the ether. But before its full virtues are established, many a poor fellow will doubtless fall a victim to it—or, rather, to the experiments made with it. From the little experimental knowledge I have of the new application of this old medicine, I am inclined to form high hopes of its future destiny. It



has already been found useful in surgery, in dentistry, and in one instance in midwifery. I see no reason why it should not prove useful in cases of luxations, of strangulated hernia, and especially in that terrible malady, tetanus. Should such prove to be the fortunes of the discovery, then it will have been proved that Velpeau and Roux did not err when they said, in the presence of the two Academies, that "it was a glorious conquest for humanity." When such remarks fell from the lips of such men, and when I witnessed the approbation with which they were received by the members of these learned societies, I felt, I must confess, some little national pride, in the reflection, that the discovery, which was creating so great a sensation, was made in my own country, in my native city, and by a distinguished chemist, whose honorable attainments and character are familiar to me.

The honor of this discovery is universally and fully awarded to Dr. Jackson by the members of the Academies. As in America, so in France, individuals have endeavored to tear the crown from the brow of Dr. Jackson. M. Ducros is the most prominent person here who contends for the priority of discovery. He bases his claim upon a memoir addressed to the Academy of Sciences on the 16th of March, 1846, entitled "*Effets Physiologique de l'Ether Sulphurique, d'après la Méthode Buccale et Pharyngienne, chez l'Homme et chez les Animaux,*" in which he recognized the power of sulphuric ether in producing a state of catalepsy or syncope. But neither the facts nor inferences contained in this memoir give to its author the least title to the discovery which Dr. Jackson has given to the world.

From this time I will endeavor, so far as I may be able, to keep you informed of the fortunes of the ethereal inhalation in France, and in other parts of Europe.

It may be gratifying to the inventor of the Boston inhaler to learn, that the one sent me has been universally admired, and has served as a model for all those that are now used in Paris. The only improvement made in the apparatus, or that has been suggested here, consists in the addition of a flexible tube, extending from the globe to the mouth-piece, which enables the patient to inhale while in a recumbent position.

Yours, &c.

*Paris, February 1st, 1847.*

F. WILLIS FISHER.

#### GREEN ON BRONCHITIS—DR. REESE'S REPLY TO "M."

[Communicated for the Boston Medical and Surgical Journal.]

AN *anonymous* writer, who dates at Boston and signs himself M., having failed to appreciate my forbearance in declining to take notice of his former impertinence, has now had the temerity to hazard another personal assault upon me from behind his masked battery, in defence of his friend Dr. Green and his book, which indeed they both sadly require. And though his sneers at my religious profession, introduced into a purely medical controversy, betray the desperation of his cause, and would justify

my treating him with silent contempt; yet the repetition of his barking will now entitle him to the only notice I can take of him while he conceals his name.

In thus allegorically retorting to the "fighting propensities" of your correspondent, I shall not call hard names, but content myself with proving that he deserves them. Though if I were to follow his example, both his ignorance and falsehood will be seen to merit as offensive epithets as any of those with which he has defiled your pages. The following narrative of the facts of the case is submitted, and "mark how a plain tale will put the slanderer down."

1st. On the first day of December last, an anonymous notice appeared in the New York Commercial, of Dr. Green and his book, lauding both *ad nauseam*, and claiming for him the merit of a *discovery* in the healing art, new to the profession, and ranking the author beside the illustrious Jenner!

2d. *The day after*,\* and before reading the book, I wrote and sent to the editors, a reply to *that notice*, having previously learned that it was only a *ready-made puff*, sent with the first copy by the publishers, and, as I had a right to infer, with the privacy and connivance of the author. I then contented myself with showing that our French confreres were unjustly robbed of their prior claim to the discovery, if such it was, which this writer alleged for Dr. Green, and remonstrated against so gross plagiarism.

3d. I forthwith procured the book, and having read it, I found that the author had himself fully set forth in his Introduction, all the fictitious pretensions so indiscreetly made in the newspapers on his behalf. Anticipating the charge of plagiarism itself, he alludes to the work of Trousseau and Belloc, disclaims all indebtedness to them, by affirming that he had been practising on their method "two years before he had even heard of them," and to make this fiction plausible, he declares that their book was published in this country in 1841. I turned at once to the volume lying on my table, "in book form" too, bearing the imprint of 1839; and being a presentation copy from the translator, Dr. Warder, of Cincinnati, has his autograph of the same year, bearing date September, 1839. But still worse, I found that besides repeating that their book was published *soon after* his researches, instead of *long before*, I saw that Dr. Green distinctly ascribed his own discovery of "entering the larynx" to a private conversation with the late Dr. Johnson, *since dead*, who suggested the idea as desirable, acting upon which he (Dr. G.) "happily succeeded." Unable to reconcile this "idea" of Dr. Johnson, suggested in 1838, with his previous reviews, written by his own hand, of the work of Trousseau and Belloc, my charity ascribed it to some mistake, like that of the date already alluded to. I therefore wrote the review of the book on the 8th of December which appeared on the 16th, and by reason of the crowded state of the columns of the Commercial, the previous

---

\* Delayed by the editors till the 16th of December.



reply to Dr. G.'s eulogist appeared on the same day, having been delayed in the hands of the editors nearly two weeks for want of room.

4th. Instead of the prompt disclaimer of all pretensions to discovery on the part of Dr. Green which he owed to his own character and to the truth, together with such explanation as he could furnish of the incongruities of his Introduction, and the inconsistencies between these and his book, both he and his friends have relied for his vindication upon a few meagre allusions in his book to the work of Trousseau and Belloc, and his subsequent admissions concerning their claims; although these are palpable contradictions of the pretence made by himself, that "so far as he is concerned he awards them no merit for originality." See his Introduction, already cited.

5th. It was this "effrontery, or rather foolhardiness," which at length prompted the thorough exposure of the parties, through your Journal, under my own name, which has so "wrung the withers of the galled jade," whose "wincing" over the signature of M. has exhibited to your readers, the contortions and distortions of rabid frenzy, which adorn the last No. of your Journal. He confesses that he was in as happy ignorance of the work of Trousseau and Belloc, either French or English, until he was enlightened by Dr. Green, as he falsely surmises me to have been; and he admits himself to have "taken the hint" from Dr. G. of even applying the sponge to "the fauces and pharynx," which he says he has frequently done "in accordance with Dr. G.'s instructions." He must surely be a docile pupil, or perhaps a "grateful patient," for he swallows most readily the monstrous falsehood, that the English translation of Trousseau and Belloc's work "did not assume a book form until 1841," when if this *Boston* critic will only *happen* in New York, he will find it in the library of every reading physician; or when he next *visits* Boston, if he will inquire in any medical book store or library, he will see how he has been gulled, by looking at the imprint upon the title-page. Nor is there a copy in existence anywhere in our language, bearing any other date than 1839, this having been the only edition ever published.

Having thus disposed of the mysticism and rhodomontade of your correspondent M., you may rest assured that no provocation whatever shall induce me to trouble you or your readers again on this subject. I have done my duty in this regard, and if anybody in the profession, or out of it, should henceforth choose to adopt "Green on *Bronchitis*," as their text-book, they have my full consent, now that I have reached my *finale* in this profitless controversy, into which I have been drawn by those, who have wofully committed themselves, by reason of lagging behind the intelligence of the profession, and failing to keep posted up in the progress of their science. If it serve to teach such the salutary lesson, never to undertake to enlighten the public on subjects of which they are ignorant, I can afford to bear their contumely, for the sake of so auspicious a result.

New York, March 2, 1847.

D. MEREDITH REESE.

## INHALATION OF SULPHURIC ETHER, WITH PRACTICAL REMARKS.

By J. A. Allen, M.D., Middlebury, Vt.

[Communicated for the Boston Medical and Surgical Journal.]

THE vapor of sulphuric ether has recently been administered, by a gentleman duly qualified, to two of my patients who were about to undergo surgical operations.

The first was for the removal of a fatty tumor, being about the size of a large turkey's egg, and situated on the left side over the angle of the ribs. The patient, a farmer, 40 years of age, was possessed of a tolerably good constitution, of a sanguine temperament, and of a sensitive habit. On the inhalation of the letheon for two or three minutes, he became under its influence. I immediately made two semi-circular incisions deep into the cellular tissue, on the sides of the tumor in an oblique direction with the body, then raised the tumor with my left hand and proceeded to dissect it from its lodgement, when it was announced that he had lost the influence of the ether. However, the operation was so nearly completed that I proceeded, and in about one fourth of a minute the whole thing was excised. The duration of the cutting part of the operation did not exceed four minutes. In a few minutes he recovered his consciousness, and stated that he knew all the time what we were doing, and said, "*I experienced little or no pain*" till some one said "he is out of its influence," after this, said he, "*it hurt like sixty.*" Only a small quantity of blood was lost; no artery required ligature. After waiting a short time, the wound was drawn together with adhesive strips, and he soon started for home, a distance of ten or twelve miles. From the operation he did not appear to experience any shock whatever. The operation was performed at Dr. J. Rice's, Bridport, in the presence of Drs. Haile and Goodrich, Crownpoint, N. Y., who had accompanied the patient, Mr. Nichols, for the purpose of witnessing the effect of the ethereal vapor.

On the 6th instant, assisted by Dr. H. A. Smith, of New Haven, and my son, Charles Linnæus, I removed a carcinomatous breast from a lady 50 years of age. Nine years since she first discovered a tumor in her right breast, somewhat below the nipple and towards the axilla. This had gradually enlarged till it involved full one half of the breast. A tubercle some months since had projected on the side of the breast towards the right shoulder. Two months since it had become ulcerated, and recently a considerable portion of it had sloughed off. The whole tumor was of a stony hardness and easily moveable over the pectoral muscle. She had no uterine or pulmonary difficulty; the glands of the axilla and those of other parts of the system, so far as we could discover, were free from any participation of the disease. Under these circumstances she was advised to inhale the ethereal vapor, and have the breast amputated. To this she readily consented.

At the outset an unexpected circumstance produced considerable delay. The administrator of the ether had supposed he had instructed the patient in the method of inhalation. But when she attempted it, in reality she entirely failed. However, on further instruction, she succeeded in the pro-



cess, and in less than two minutes after she began to inhale the vapor regularly, she became apparently fully narcotized.

I made a curved incision over the tendon of the pectoral muscle, and extended it under the breast towards the sternum, sufficient in length to include the whole breast. This, by a few subsequent cuts with the bistoury, was carried to the pectoral muscle. A similar curved incision was then made from the upper extremity of the first above the nipple, to the lower point. It was now announced that she was losing the influence of the ether. The operative process was now suspended a minute or two; during this period she made three or four more inhalations, and again became in appearance insensible. The whole diseased mass and breast were speedily removed. The time occupied in the operation did not exceed six minutes. Only one artery required the ligature. During most of the time of its removal she occasionally groaned, and complained of her arms being held too tight and too far back, but made no complaint of anything in relation to the breast. On recovering her consciousness, she said she was aware all the time that we were doing something, and thought I "*was pinching her breast*;" and added, "I did not take enough; if I had inhaled two or three times more I should have been wholly unconscious." Her opinion was probably correct. For some time she complained of sickness at the stomach, but did not vomit, as it is reported in a late No. of the New York Medical and Surgical Reporter that Dr. Collins's patient did. The sickness was unquestionably caused by her accidentally swallowing some of the ethereal vapor. The wound was not closed for several hours, and during this period she only complained of its smarting. Afterwards, little or no shock of the system was experienced, and she had no faintness or sinking.

As we had reason to expect from the influence of so large a wound, she suffered considerably during the incipient stage of inflammation; but when suppuration was established, she became quite comfortable. On the eighth day she sat up, enjoyed company, and the wound appeared in a healthy condition.

From the effect of the ether in these cases, from the several reported cases in the medical periodicals which have fallen under my observation, and from its influence which I have repeatedly witnessed when used in dentistry, the conclusion seems to be inevitable that this agent possesses the power of producing temporarily a suspension of sensibility and consciousness, and on this account hardly a doubt remains of its importance and utility in many cases of operative surgery. In fact, it is obviously better adapted for use in surgical operations than for those of dentistry. The reason is plain—because when administered the person sometimes closes the mouth; at others, the mouth is partially open, the jaws often not in apposition, but oblique or asquint. And occasionally, the patient is constantly talking. All these inconveniences are avoided in surgical cases, except when the part to be operated on happens to be the lips or immediate vicinity of the mouth.

Whether the letheon or ethereal vapor possesses any advantage over the protoxide of nitrogen, I have no facts from which to form an opinion.

It would appear, from a paper lately published in this periodical by Dr. P. W. Ellsworth, that if the two substances do not produce, when properly inhaled, precisely the same effects, they are, to say the least, extremely analogous. The same expression of countenance, the same exhilaration, and the same apparent effects are produced by the use of either. And the inference amounts at least to a strong presumption that, when either is inhaled beyond the point of excitement, an obtunded sensibility or narcosis will be induced.

There are two important and valuable points gained from the use of the *letheon* in many cases of operative surgery. The first is the mitigation of the sufferings of the patient in some cases, and in many an entire prevention of pain. This, in a great measure, removes the anxiety and terror experienced by all to a greater or less degree preceding an operation. The second may be regarded as a sequence of the former; that is, by the prevention of the realization of pain during the operation, the shock to the system, which is generally experienced after every painful surgical operation, is avoided.

I am aware that some persons, by a due preparation of the mind, will endure the pain, of an amputation of a limb for instance, without manifesting any particular emotion. I have had several such cases. But the mental effort generally augments the impression on the system, and, usually, after such an unnatural effort, the person experiences a depression, or kind of collapse, which, in several instances in my practice, for some time appeared alarming.

I know, indeed, that it has been asserted by high authority, that the inhalation of the ethereal vapor is an equivocal and dangerous expedient; that bad and sometimes fatal results have occurred from its use. But, where have these accidents occurred? What were the facts in relation to them? The importance of the subject certainly requires a candid, careful, and rigid investigation, separate from all personal, local or selfish considerations. As no evil has resulted from its use in this region, I am dependent on the reported and published cases which have come under my observation for an opinion. In these cases, admitting that those to whom it has been administered were suitable subjects, the inhalation itself has carried its own evidence that there was some error or defect. In these unfavorable cases the inhalation has lasted from twenty minutes to half an hour, and even longer. This fact alone is sufficient to show that some defect existed, either in the ether used or in its administration. It is a fact well known, that when good ether is inhaled to produce exhilaration, for amusement, only a few minutes are required before its influence is experienced. Sir H. Davy was able to respire the protoxide of nitrogen only about "*four minutes.*" Good ether is probably equally efficient in its effects with this gas, and the excitement produced by the former is speedily followed by its narcotic influence. "*At first,*" said a gentleman who inhaled the ether for the purpose of having a tooth extracted, "*I felt as though I could not sit still, but immediately I became lost.*"

The primary excitement induced, and the powerful subsequent narcosis



which ensues, on the inhalation of this agent, plainly show its surprising power. And the conclusion appears to follow as a corollary, that its use may be attended with pernicious, as well as advantageous, consequences. Many years since, the *dephlogisticated air* of Priestly, or the protoxide of nitrogen, was found to have a different effect on different persons; on individuals of a plethoric habit, it sometimes produces giddiness, headache and other disagreeable symptoms. The same unpleasant consequences may be expected from an injudicious use of the ether. To persons affected with disease either of the brain, lungs or heart, it probably cannot be administered without danger; or to those possessed of morbid sensibility, especially if at the time they were under much excitement. As a general rule, I would not suffer the use of the letheon, or advise its use, in a case where any local or constitutional objection was suspected.

February 18th, 1847.

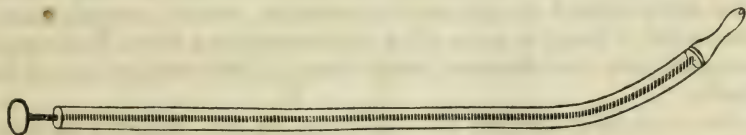
### OBSERVATIONS ON STRICTURE OF THE URETHRA.

By Edward H. Dixon, M.D., of New York.

[Communicated for the Boston Medical and Surgical Journal.]

HAVING thus briefly considered the proper choice of the bougie and the legitimate use of caustic, there remains to notice the mechanical means for the application of caustic to the centre of the stricture, the frequency of its use, the proper intervals of time for passing the bougie, and the time for it to remain at each application.

When we can introduce with some difficulty the point of a bougie, such as we have described, into the mouth of a stricture, and the patient expresses, upon very moderate pressure, the assurance that he feels a great deal of pain, it is best to withdraw the instrument for that time, taking it for granted that the irritability of the membrane is too great; the part is not yet used to it. Should the irritation in urinating be excessive the next day (for it is always best to pass the bougie and all other remedies just before retiring) it will be advisable to give *gtts. xxv.* of liquor potassæ in half a tumbler of buchu tea, morning and evening; this will overcome the ardor urinæ, and, on the ensuing night, a solution of the nitrate of silver, *grs. x.* to the ounce of water, may be thrown into the stricture by means of a catheter thus constructed and curved.



It is nothing more than a catheter syringe, having a hole in its end, not larger than a pin would enter. The curve being no greater than here represented, permits its application to any part of the urethra; whilst the small and oval perforated point will allow it to be insinuated into the mouth of the stricture, and in all probability bring their openings in direct

apposition. Holding it firmly yet gently against the stricture, the patient lying down so as to secure the advantage of the fluid's gravitation, with a sudden stroke inject not more than half a teaspoonful into the stricture. It may be well to observe, however, that no more than this quantity should be taken up, or there would be no other assurance of not using too much and causing thereby needless irritation in the sound part of the urethra, anterior to the stricture, where we know some of it always regurgitates. Still there is no use in ensuring an undesirable result.

Now, any one inclined to doubt the efficacy of this practice, will do well, in the absence of personal experience, to call to mind the great comfort of caustic applications to aphthæ in the mouth, to some cases of irritable and scrofulous eye-lids, with corneal ulcers, &c. &c. The cases are precisely analogous; and the result of the practice, when applied to the stricture, will be found, that on the next night, or perhaps the ensuing one, a larger bougie may be passed, with less pressure and pain.

This method cannot take the place of the application of solid caustic, although we may increase the solution (with proper experience in the individual case to which it is applied) to twenty grains to the ounce, and even more; still when it is desirable to make a more permanent impression upon the mouth of the stricture, without the desire of doing anything more than *altering the action of the part*, we shall often find it desirable to use the pure caustic.

I am in the habit of applying it with an instrument precisely similar in exterior form to the one figured above, only instead of the piston there is a probe point equal to a pin's head in size, and this passes through a hole of equal capacity in the end. In this hole put a few particles of caustic, not larger in all than a very small pin's head, protected with a very little belladonna from the mucus of the urethra, and also to keep them in place. As soon as you are satisfied you have reached the stricture, press them forward by means of the probed wire, gauging the distance about the eighth of an inch with your finger nail; this will thrust the caustic out of the bore of the catheter directly against the stricture, and in all probability into its mouth.

The choice to be made between the solid caustic and the solution, must rest with the practitioner; the principal use of the solution is one for which the solid is not adapted, viz., it enters *into* the stricture. I have found it quite possible to enter a stricture after the use of the solution, when I could not do so after the solid caustic. The solution is a much better method of applying the caustic to cases of spermatorrhœa—about which I design to make a few observations in a future No.—having witnessed some most disastrous results from the indiscriminate use of that remedy.

There can be no possible rule laid down for the frequency of caustic applications. As the only object is to subdue irritability, it is but rational to desist when we find it increase upon the second or a subsequent trial: decreasing the quantity and increasing the time between each application, till the true period for its beneficial use is discovered. In cases of spas-



modic action, there is no doubt that the belladonna acts favorably with the caustic, in dissipating that annoyance.

The strong mercurial ointment, reduced, *pro re nata*, with stramonium ointment, I have passed into a stricture, through a hole as large as a mustard seed in the end of a common catheter; this has produced beneficial results, though I doubt not the same would have followed a solution of caustic.

The length of time for the bougie to remain, and the frequency of its application, when used without caustic, is also only to be known by observation of the effect produced; the susceptibility differs extremely in different persons. No possible good can result from pressing these means, when the difficulty and scalding in urinating increases. I have known cases go on successfully to a cure, when the instrument was only used once a week for five minutes each time—applying the caustic each alternate week; and I have had others, where it has been necessary to leave it for an hour or more nightly.

The necessity of leaving them all night, is quite impossible where caustic is used with judgment; it will effect absorption with as much certainty as the pressure of the instrument; and if aided by this, occasionally will be found a far more agreeable means of cure. In my next I shall speak of the causes of failure in treating stricture, and the causes of its frequent return.

New York, March 2, 1847.

#### PROFESSIONAL CIRCULARS.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—The favor of the famous lithographed circular, so graphically described by your "*Old Subscriber*," in the vicinity of Boston, has been conferred upon us outside sojourners, away back in the country as far as Worcester. We, too, Sir, have been engaged in the practice of medicine and surgery somewhat extensively for a quarter of a century or more, and though we pretend not to be proficient in all the novelties of modern medical science, we are not *entire* strangers to *auscultation* and other methods of *diagnosis*. We have read, not only your Journal every week from its commencement, but before that we were readers of the *old* New England Journal of Medicine and Surgery (a work, by the way, which ought not to be forgotten); and we have had access to *some other* sources of medical intelligence, both domestic and foreign. Besides, Sir, we have had some opportunities at the bedside of the sick, for improvement—some experience in "diagnosis, prognosis and course of treatment;" but, Sir, we *feel* and *confess* our imperfections, we have not walked the wards of a Parisian hospital, and we must make our most grateful acknowledgments to our *young friends* in Boston for the aid and advice so kindly proffered us in their circular. We were reminded by it of a remark made by a good lady to one of us, some while ago. Speaking of a young gentleman (the son of an eminent physician), who had

taken his medical degree a week or two before, and whose growing fame began to be whispered about the neighborhood, she said, "she supposed, of course, he had all his father's knowledge to begin with, and *she was sure that must* make him a skilful physician." Mr. Editor, we have seen an old maxim somewhere (we believe it was first uttered by Lord Bacon, but are not sure) which was on this wise—"Young men for war, but old men for counsel." But this ancient maxim is likely to be reversed in this enlightened age. We shall be treated with pure sack, with no lime in it.

Yours,

February, 26, 1847.

BARDOLPH, PETO AND POINS.

#### MATICO.

[MR. BURNETT, who keeps the matico, has kindly handed us the copy of a letter from Dr. Ruschenberger, dated at the U. S. Naval Hospital, New York, February 4, 1846, which fully explains the history and medicinal properties of this article.]

The *matico*, *yuba del solado*, *Piper Angustifolium*, which has within two or three years past attracted the attention of the medical profession in England, was first brought to the United States by myself in 1834. It is said to have been accidentally discovered in 1824, at the battle of Ayacucho, by a soldier who was severely wounded, and in his anxiety to staunch the flow of blood, he pulled the leaves growing within his reach, and applied them to the wound, and the bleeding instantly ceased. He communicated the discovery to his wounded companions, who found its application equally efficacious. In Peru and Bolivia it became well known as a styptic, and has been externally used in the treatment of ulcers, but, so far as I can learn, it has not been employed internally up to this time.

I have used it internally in tincture, two ounces to the pint, prepared by displacement; in powder, in doses of a drachm mixed in a wine glass of water, repeated every two hours, in uterine hæmorrhage; and in cold infusions (by displacement) half an ounce to the pint. It exerts a remarkably beneficial influence in menorrhagia, hæmatemesis, hæmoptycis, leucorrhœa, catarrhus vesicæ, and irritable bladder. It does not offend the stomach when given in powder or infusion (dose a wineglassful); in tincture, in drachm doses, is not complained of, but when carried to a half ounce I have seen it produce nausea. I have seen it arrest bleeding instantly from small arteries, even while the blood flowed in jets, and after lint, pressure, &c., had totally failed. To arrest the bleeding from leech bites, and the troublesome hæmorrhage which sometimes follows the extraction of a tooth, I think it will be found a very certain remedy. When used to arrest bleeding, it should be in coarse powder and moistened with cold water. A strong tincture, four ounces to the pint, might possibly answer. The taste is not unpleasant.

This is a hasty outline of my experience, which is confirmed by that of Dr. Munro, of Dundee; Dr. Jeffreys, of Liverpool; and Dr. Hunter



Lane, of Lancaster, as you may see by reference to the eighth part of Braithwaite's Retrospect of Practical Medicine and Surgery (1844, New York) page 37. You will find a notice of the article in the second American edition of Pereira's *Materia Medica*, edited by Professor Carson, vol. 2, page 222.

There is, I believe, no matico in the United States on sale at this time, although the Medical Journals contain occasional notices of its employment in England. I am fully persuaded that its virtues are such as to warrant me in recommending it to the profession for examination and trial. A part of what I have recently received I have forwarded to you.

There are two varieties of matico known: one is the matico hoja redonda (round leaved matico); and the other, matico hoja puntiaguda (pointed leaved). The latter is considered the best, and is the kind sent to you.

Specimens of matico have been presented by me to several medical friends in Philadelphia.

---

## THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, MARCH 10, 1847.

---

*Closing of Medical Lectures.*—On Tuesday, of last week, Dr. Warren gave the last of the medical lectures in the Massachusetts Medical College, for the season. A general impression was abroad that it would be the last that distinguished professor would ever deliver in the College. Quite an assembly, therefore, of the medical gentlemen of the city, congregated in the anatomical theatre, where they listened to an elementary series of demonstrations illustrative of the general structure of the teeth in man and some of the lower animals, including these organs in the fossil elephant and mastodon. The discourse finally took a desultory turn into the reminiscences of the speaker, in which some curious topographical facts were related to explain the character and customs of the physicians of Boston fifty years ago. Not the least allusion was made to the much-talked of resignation, nor an intimation given that any changes were in contemplation. At the termination of the discourse, the audience were invited to partake of an elegant collation in a contiguous hall, where some excellent things were said, in a spirit that indicated the good fellowship of the members of the profession in the city, and the devotion of the whole to the best interests of humanity. Dr. George Parkman, at the head of the table, was particularly happy in his observations, and it gives us a feeling of gratification to record the continued interest of that opulent and kind-hearted man, in the onward course of literature, science, and broad-cast philanthropy.

---

*Jefferson Med. College—Multiplication of Medical Schools.*—Prosperity characterizes this institution to a remarkable degree. Four hundred and

ninety-three students were matriculated the present season. One year ago, one hundred and seventy were graduated on one occasion. Four gentlemen received honorary degrees. Formerly, prosperity in medical affairs was supposed to be based on monopoly; hence the strongest manifestations of wrath—always for the public good—when the idea of another school, in the same State, and particularly in the same city, was suggested. We have watched these exhibitions for years, and invariably notice that when a rival school makes its appearance, instead of injuring the prospects of the first, both succeed far better than one ever did alone. The history of the medical colleges of Philadelphia demonstrates the fact, that with the multiplication of facilities, or, in other words, by increasing the number of medical schools, students have increased in a corresponding ratio—gaining for that city the enviable distinction of being the focus of medical science in America. What if a narrow policy had governed the Legislature of Pennsylvania, and no charter had been granted for any of those active, energetic institutions, which give character to Philadelphia, because they would interfere with the success of the University of Pennsylvania? When the University School went into operation in New York, the outcry was great, on account of the ruin it would bring upon the old College of Physicians and Surgeons. But that was not all—the most cogent argument brought forward, and which, at first, carried a degree of weight with it, was that another school was not required. The two schools went on in the legitimate business of instruction, and the result has been that more students now gather in New York, every lecture season, than were ever there before—or would have gathered there for a long time to come, had one unstimulated, dignified monopolist remained alone in the field. Every-day life is full of such illustrations of the value of honorable competition. Should the period ever arrive when a second medical school could be organized in Boston, it would not, we imagine, in the remotest degree, prove injurious to the admirable one whose reputation is as extensive as the fame of its faculty. The tendency would be to increase the number of students, annually, till the aggregate would vie with the catalogues of New York. And why not? Where are there medical charities of higher character, or facilities superior?

---

*Mortality of the City of Lowell.*—In Lowell, the Manchester of America, with a dense manufacturing population, which make the bulk of the inhabitants, the regulations of the different corporations are so strictly sanitary, that a mortality beyond the usual standard is not likely to occur. Dr. A. H. Brown, the City Physician, has made a methodical report, creditable to himself, and worthy of being imitated by his official neighbors in other towns. While some bills of mortality are so technical that not one in two hundred can understand them, the nomenclature of diseases in others is in the plainest English terms known in the language. We do not pretend to say which of the two systems is best, but feel persuaded that since these documents are published expressly for the information of the whole body of citizens, it is better to have them in their own tongue, than in a compound of Greek and Latin.

In 1846, Lowell contained 23,841 inhabitants. The deaths were 690. There was one death, therefore, to every 41.78 persons. Pulmonary consumption, as every where in New England, swept off the greatest number, and scarlet fever was the next active agent in destroying human life. On



the whole, Lowell is in the enjoyment of an amount of public health highly favorable to an increase of population, wealth and influence.

---

*Columbus, Ohio, Medical College.*—By a recent act of the legislature, the Medical School of Willoughby University has been removed to Columbus, the seat of Government. The new board of trustees have organized and made the following appointments:—Anatomy and Physiology, J. P. Judkins, M.D., of Cincinnati; Surgery, R. L. Howard, M.D., Columbus; Chemistry, Rev. F. Merrick, Delaware; Obstetrics and Diseases of Women and Children, H. H. Childs, M.D., Massachusetts; Pathology and Practice, J. Butterfield, M.D., Columbus; Materia Medica and Therapeutics, T. R. Spencer, M.D., New York; Medical Jurisprudence and Insanity, S. M. Smith, M.D., Columbus. On motion, it was *Resolved*, That the fees for a full course in the medical department, shall be fifty-five dollars; the matriculation fee, three dollars; and the graduation fee, twenty dollars. Dr. J. Butterfield was appointed Dean of the Faculty.

---

*Prison Practice.*—Having mislaid the annual legislative document in which Dr. Bemis reports upon the sanatory condition of the State Prison, at Charlestown, the past year, we can only speak from an imperfect recollection of his observations. It appears that there has been but very little sickness—that by the aid of the system of dietetics adhered to in that institution, and the other details of every day life in regard to the prisoners, which have been established by the good and discreet advice of a conscientious, well-informed medical officer, the health of the prison has been admirably maintained.

---

*Cauterizing the Larynx.*—To THE EDITOR, &c. Dear Sir,—In the volume of Johnson's Review for the year 1828! it will be seen that the "discovery" of cauterizing the larynx, with solutions of nitrate of silver by means of a probang and sponge, is there distinctly described and taught, by the editor himself, as successfully used by himself and others in chronic laryngeal disease. It might trespass upon your columns, else I would send you the identical extracts which anticipate Dr. Green not only, but Trousseau and Belloc; and throw still greater obscurity over that celebrated conversation reported to have taken place ten years after between Dr. G. and this same Dr. Johnson, in which the novel idea was thrown out by the latter, which is said to have resulted in Dr. G.'s book on Bronchitis! G.

---

### New York Correspondence.

---

*New York Hospital.*—The Annalist of last week contains a letter from Dr. Vandervoort, the librarian of the Institution, rebuking, in courteous but expressive language, the "erroneous and unjust statements" of the New York Medical and Surgical Reporter, in reference to the cliniques, which are *daily* accessible to the students in the walks of that Hospital. He charges the writer with utter "ignorance, or wilful misrepresentation." This manly defence of the physicians and surgeons of the Hospital is creditable to the worthy librarian, whose disinterested position enables him to

testify in behalf of those who, however assailed, do not condescend to self-vindication, and ought not, when anonymously or irresponsibly censured.

The "Reporter," in responding to the respectful inquiries of this Journal for the data upon which so censorious strictures had been made upon the medical officers of the Hospital, refers us to the strictures of its own pages of one or more cases of what appears to be "bad surgery;" but such isolated cases, even if fairly reported, would fail to justify the imputation of indiscriminate deficiency in "intellect, enterprise, and surgical reputation," to the physicians and surgeons of the House, of which we ventured a doubt. Much less does such an answer fortify the allegation of their notorious "unpopularity," as charged in the article referred to.

Dr. Vandervoort's letter denies the truth of the strictures in the "Reporter" in express terms; and if we are correctly informed, instead of "twenty students," as alleged, there are over a hundred this year, as there were last year, who take the Hospital ticket and attend upon the clinics. It seems, however, that the students generally do not appreciate the advantages of true clinical instruction worthy the name, else none of them would be content with the college clinics alone. The issue being now fairly made upon matters of fact, between the *Annalist* and the *Reporter*, we forbear to say more at present.

*Surgical Operations after Ethereal Inhalation.*—Dr. J. K. Rodgers has lately performed two amputations, upon patients to whom the ether had been administered by inhalation; one of these being rendered unconscious of pain thereby, while the other is represented to have been a failure. Whether it was because it was simply "inhaled from a sponge," without the apparatus contrived at Boston for the purpose, does not appear. The *Annalist* seems to rejoice that the pure sulphuric ether was used, "*not* the patented *Letheon*;" and he records that Mr. Liston, of London, did so too. What if it should turn out that the "patented *Letheon*" is that identical "washed ether"? Then a question of casuistry, which would puzzle a Jesuit, or a Philadelphia lawyer, will have been mooted. Ought humanity to be deprived of this new method of using ether, because one of our Yankee neighbors unluckily patented his apparatus and discovery? The ethics of the profession in such case might conflict with the will of their patients, and may possibly have to succumb to the latter.

The successful employment of sulphuric ether by eminent surgeons in Europe has served to moderate the vehemence of tone with which the early experiments with this novelty had been denounced. Sober men begin to think, that even if its having been patented, was unprofessional, or even absurd as some allege, still the use of this agency may be lawful hereafter, especially as it is now conceded that there is no secret about it.

*The Medical Profession in New York.*—The profession in New York would seem to have simultaneously received a new impulse of late, as evinced in the ardor and enterprise with which they are cultivating the science and laboring for its advancement. The recent Academy of Medicine organized so happily, has already enrolled a majority of the regular physicians, and as the only conditions of membership are, a reputable standing in the profession, and a trifling annual tax, it must soon include all the real respectability of the fraternity. A line will thus be drawn, beyond which will be found the motley group of botanicals, Thomsonians, homœopathists, hydropathists, chrono-thermalists, mesmerists, clairvoyants, and Indian doctors,



and those who choose to *consult* with such; an amalgamation from which Fellows of the Academy are prohibited by self-respect, as well as by their rules. It is rumored that preliminary steps have been taken by these kindred spirits to get up an organization *se defendendo*, on real democratic principles, by opening their door to the largest liberty, and embracing all these different tribes and sects, whose "fellow-feeling makes them wondrous kind," and whose common "proscription" by the "regulars," in refusing fellowship with such, has raised a clamor against the Academy for its "aristocracy." The public will be greatly benefited by recognizing this "opposition line" as soon as they thus "show their colors;" for those who prefer a "somnambulist clairvoyant," or a "seventh son of a seventh daughter," or an "astrologist," for their doctor, will know in which group to look for him, and can be accommodated with either.

But there are other unmistakable signs of progress in the activity of the younger members of the profession, in private and associated teaching, to an extent unparalleled in any other of our sister cities. The pages of the *Annalist*, in each of its Nos., exhibits the zeal and success of the Medical and Surgical Society, and the Pathological Society; both of which are manifesting a spirit of enterprise highly commenable, and contributing valuable materials to the profession, while laboring for their mutual improvement. The bi-weekly reports of the transactions of these Societies, and of the surgical clinics of both the Colleges, furnished by the same Journal, are highly interesting both to students and practitioners; and confirm the opinion that medical science has received a new impulse which augurs well for New York.

We learn that the New York Academy of Medicine have unanimously chosen Dr. John W. Francis as their anniversary orator, for the present year. This result of their recent election has given universal satisfaction.

*Insensibility to Pain from a Hot Iron.*—An exhibition of extraordinary interest to humanity occurred at the Massachusetts General Hospital on Saturday last. A patient was presented—a man in advanced life—who, we understand, was laboring under paraplegia, having its origin in a caries of the lower dorsal vertebra—for which Dr. Warren proposed the actual cautery. After the patient had inhaled the letheon, Dr. Warren run an iron rod, heated to a white heat, to the length of about two feet, up and down the back, each side of the spine,—burning two lines on one side and one on the other, and then carried it zigzag across, between the spinous processes, the same distance. The patient during this process was wholly unconscious of pain, under the severest test to which he could be subjected—that of a hot iron applied to the naked skin.

TO CORRESPONDENTS.—A paper on "The latest form of Empiricism," and Dr. Banister's case of a foreign substance in the trachea, have been received.

ERRATUM.—Page 52, line 10, for "last three months," read last three *full* months.

*Report of Deaths in Boston*—for the week ending March 6th. 54.—Males, 31—females, 22. Stillborn, 6. Of consumption, 3—typhus fever, 11—lung fever, 4—brain fever, 1—disease of the heart, 5—burns, 1—hooping cough, 2—marasmus 3—croup. 2—canker, 1—infantile, 4—dropsy, 1—inflammation of the bowels. 1—apoplexy, 1—disease of the bowels, 1—disease of the brain, 1—debility, 2—convulsions, 2—scarlet fever, 1—dropsy on the brain, 1—rheumatic fever, 1—old age, 1.

Under 5 years, 22—between 5 and 20 years, 3—between 20 and 40 years, 15—between 40 and 60 years, 7—over 60 years, 7.

*Ventilation of School Houses.*—A report presented to the School Committee, on the ventilation of the school houses in Boston, just published by Mr. Eastburn, is the valuable paper, of commanding importance. Although it appears as a report of a committee, Dr. Henry G. Clark is the author. We have not room to present his plans, nor is it convenient to transfer his reasonings to these pages, although we heartily approve of both. Dr. Clark was successful in convincing the city government of the necessity of furnishing children in the public schools with vitality as well as masters, which is a triumph over a score of official predecessors.

*Lady Abettors of Quackery.*—"How do you account for the fact," says a correspondent in Kentucky, "that, in ninety-nine cases out of a hundred quackery owes its popularity to 'the ladies'? It is emphatically true in Kentucky, and I have observed farther that the zealous advocates of new systems of physic are generally those who have an abiding faith in mesmerism, believe in 'live forever Jones,' and *had* a strong proclivity towards Millerism. It is surprising to witness the assiduity with which one of these ladies devotes her time to the business of huckstering for the interests of her satellite. Wo unto all regular practitioners who have patients within her reach! Her carriage is at the service of every invalid who will permit her to introduce 'her doctor' (Herr Bubo Von Stinkenbergl!), who cured her of the gripes, after she had been given up to die by all the regular doctors; who relieved Betsy Smith of a 'drapsy' of twenty years standing, in six hours! and literally raised 'poor Polly Bean from the grave,' by curing her of a 'gallopin' consumption,' which had destroyed two 'globes' of the right lung, and more than half the left! Who could resist such evidence as this, especially when it comes from the lips of a pious Mrs. Gadabout, who is a teacher in the Sunday School, and a member of fifteen benevolent and moral reform societies! Heaven save the mark!"

*Medical Miscellany.*—The committee of the legislature of New York have reported a bill in favor of giving the Deaf and Dumb Institution, \$25,000; the Blind, \$17,500; New York Hospital, 22,500; the New York Dispensary, \$4,500, and the Marine Hospital, \$5,000.—Dr. Alexander, of Charleston, Virginia, relates the case of a person, who lived 78 hours after being stabbed so that the instrument passed entirely through the left ventricle of the heart, entered the pericardium and finally wounded the diaphragm.—Dr. Edson, the living skeleton, who recently died, weighed but 49 pounds. A post-mortem examination showed the lungs slightly affected.—Hon. Dixon H. Lewis, of the U. S. Senate, supposed to be the fattest man in the country, weighs 400 pounds.—Dr. Charles W. Parsons, of Providence, R. I., recently amputated a leg, while the patient was under the influence of the letheon. A writer commenting upon it, remarks, "This case suggests a doubt whether the letheon is safe in cases of great exhaustion of strength previous to an operation. The asphyxia produced by it, added to the shock of the operation, may entirely prostrate the vital powers, causing immediate death. The carbonized appearance of the blood, suggests the utility of oxygen gas, administered as soon as the painful part of the operation is over."—The New York Annalist says, "The Massachusetts Medical Society has finally decided to send delegates to the Convention. Second thoughts are best, and we hope that some day they may change their minds about the ethics of the patent right."



# THE BOSTON MEDICAL AND SURGICAL JOURNAL.

---

VOL. XXXVI.

WEDNESDAY, MARCH 17, 1847.

No. 7.

---

## THE DISEASES OF THE WEST.

[Communicated for the Boston Medical and Surgical Journal.]

In Vol. XXXIII., No. 24, I commenced some remarks on the diseases of the West, little expecting at that time that I should be unable to continue the undertaking in regular series. But owing to unremitting labor, occasioned by the almost unprecedented epidemic that has prevailed throughout the country, my pen was laid aside. The reader who may feel interested in having a correct pathology of our diseases, should refer to the No. above alluded to, as little repetition will be had.

The diseases endemic to this section of country should be regarded with deep interest, for there is a peculiarity in their nature which nothing but close observation and nice scrutiny can detect. I have no reference to their remitting or periodical character; I mean that subtlety of action—silently undermining the springs of life—which gives no alarm to the unwary until the patient's fate is sealed. It is not that irritative or inflammatory process—that death of structure—which authors say is necessary to take place before death can result; it is a something deranging the mechanism of the system—the nice affinities—the necessary balance between different parts or organs, which must exist in regularity to sustain the motive power in health. During many years residence in this section of country, we have given no ordinary attention to the nature of its diseases, and had been flattered with the idea that we had witnessed their most ghastly features, and accomplished the best means in the remedial agency. But, the altered character, and diversified features so common through the prevalence of the last epidemic, of the summer of 1846, has convinced us of the fallacy of our conclusions. When we see a patient who but a few hours before was in apparent health, suddenly prostrated in the most profound coma, with a livid and bloated countenance, and great difficulty of breathing, and this state to continue on for some days in spite of all the means used for restoration, we have reason to conclude that some deadly poison has contaminated the vital functions. Were these symptoms to be rare and occur as exceptions to the generality of cases, we might have reason to conclude that such patients had taken poison to produce such effects. But, on the other hand, when they become of daily occurrence, as pathognomonic of the prevailing malady, we must conclude that there is a general cause altogether out of the knowledge of the patient. That *malaria* is the cause of such epidemics,

as well as all our common idiopathic diseases, there can be no question. Knowing that we live in a country abounding with this poison, that every breath is but contaminating the vital organs, what should be our study? To say that improvement, cultivation, the drainage of marshes and stagnant ponds and lakes, must and is the only thing to be done, to prevent its effects, would be absurd. Although our country is rapidly populating, yet owing to the present agitated state of national affairs, the tide of emigration must in a measure be farther westward, so that centuries must elapse before our land can become healthy from improvement. Yet our country must be settled. The suffering of Europe requires it. What must be done to save the emigrant from the prospective malady, and the resident from his living death? It strikes me forcibly that this should be the point of study. That much may be avoided by a choice and careful selection for residence, we admit; but this can only operate as a partial preventive. If a person takes an over dose of arsenic or any of the mineral or vegetable poisons, there are sure and known antidotes to neutralize their agency and prevent their disastrous consequences. Knowing, as we do, that our diseases are the result of a most deadly and subtle poison, the aim and study of the physician should be to discover an antidote to its effects. In order to administer with success in a case where a corrosive poison has been taken into the stomach, we must be at hand, to neutralize its agency before it produces such irritation as to terminate in the derangement or death of function and structure. Equally so in the case of malarious poison. This mode of induction we admit places the patient, or the subject acted on, within his own keeping. Such, we contend, is the case; for however sudden and appalling the paroxysm may come on, it has not been without prominent and premonitory signs. Its effects have been gradual and insidious; the effused conjunctiva, the pallid countenance, the coated tongue, the paleness of the lips, the oppression of the præcordia, the clay-colored stools and costive bowels, the scantiness and high color of the urine, the pain and lameness of the back and limbs, and crowded and aching feeling of the head—all denote that some deleterious agent is silently undermining the health. In this condition of the system, it is evident that the liver does not separate and secrete the bile from the blood; the kidneys and other secretory organs are equally deficient in the performance of their functions. This condition cannot long continue without some great derangement to health.

The point in dispute in this sequence of diseased action, seems to be whether the nervous or sanguiferous system is the first to yield to the potent agency of the poison. This is a point of great importance. Without wishing to dispute or doubt the opinion and authority of Dr. Southwood Smith and others, that the nervous system is the first to become involved, I beg leave to differ with them, as far as sectional *miasm* is the cause. That the nervous system has sustained a serious disturbance and is implicated in the phenomena of paroxysm and collapse, we admit. But in no other way can it be satisfactorily explained than that the nervous function is affected only through the circulating fluid. We are told by some writers, and in fact it is the opinion of most medical



men I have conversed with in the West, that the phenomenon of the paroxysm and consequent collapse, is the result of morbid excitability of the nerves, by which their natural balance of affinity with the sanguiferous function for the time being is destroyed. Admitting this to constitute the phenomenon, it is no more than secondary *at last*, and consequently the effect of long-continued diseased action.

The doctrine of excitability and irritability is but a vague theory, and productive of bad results, for it so blends cause and effect, as to leave the mode of treatment uncertain from the false premises on which it is based.

We know of no diseases in which correct diagnosis is of greater importance than in those of which we are speaking. Were the patient's life tampered with by the prescription being hastily made, what must be, what has been, the awful consequence?

I have advanced the idea of a mechanical disease. Is a mechanical disease the result of *malaria*, and how? The first and most obvious impression made upon the system, and which constitutes the first link in the chain of diseased action, is the depressing and debilitating effect of the atmosphere during the summer months. So striking is this fact, that it is noticeable by every one; the strong and healthy man who had labored without fatigue, previous to arriving in the country, acknowledges that he cannot stand half the labor here without fatigue and lassitude that he could in his native climate. The muscles seem relaxed, the brain and nerves seem to want their accustomed energy for action. The mind becomes indisposed for much reflection or study. The fulness of the veins, the lividness of the countenance and paleness of the lips, seem, in the next place, but too evidently to show that the blood is not only becoming thickened, but changed from its florid and vivid consistence to a dark and unhealthy state. These baneful effects on the cerebral organ, result, in a short time, in profound stupor and coma. We cannot fathom all the intricacies in the chain of diseased action, otherwise than to perceive that there is impairment of the assimilating, secreting and absorbing functions at the same time. Whether the heart, lungs, liver, &c., are simultaneously injured, cannot be told, more than to say the most prominent symptom clearly indicates the liver to have been the longest affected. Again, what part in the condition of the liver was first to become deranged—the closing of its ducts and consequent distension, or the vena cava or other veins failing in the performance of their great and important offices—we know not. However, it is evident that one or the other, or all, being so deranged, must soon produce that general congestion, which obstructs and overpowers the whole mechanism. The kidneys are almost as universally deranged as the liver; the urine becomes high colored and deposits a thick sediment; spasm of the sphincters of the bladder is a common attendant, becoming obstinate and distressing, as we have *experienced in our own case*. Autopsy, in a number of fatal cases, has afforded us opportunity to notice that the different viscera were under the influence of this poison; the minute vessels being entirely engorged with dark blood. It is, then, a combination, or series of all these phenomena in the more aggravated cases, that clog and derange the mechanism of

the human system ; and it is most conclusively, therefore, a mechanical disease, and death results, in the fatal collapse, from mechanical obstruction. But, I shall be met with the argument that the obstruction is no more than the effect of an agent. This is admitted, but we hold good to our aim of not combining cause and effect.

Unfortunately for the physician as well as patient, in most of the aggravated cases which are met with, the physician is not called until collapse has already taken place. An icy coldness pervades the whole surface, with profuse clammy perspiration. The pulse have entirely disappeared from the wrist ; a sonorous and labored breathing shows the powers of life to be at a low ebb. The grand object to be accomplished in this stage, is to assist nature in producing re-action, for without immediate and efficient aid, all hope is lost. Our plan has been to apply strong mustard or salt baths to the extremities, with hot spirits of turpentine to the whole surface of the body ; at the same time administering stimulants of brandy, paregoric and sulphuric ether. Stimulants must not be administered with a timid hand ; they must be given liberally, every five minutes, until full re-action takes place. Warm stimulating *enemata* should be administered. The practitioner should not be discouraged because such urgent means seem without effect at first—nor must he be intimidated, by the unfavorable conclusions or remarks of the by-standers ; for we have succeeded in producing re-action in many cases where the pulse could not be felt for hours. The patient having rallied, no time should be lost in administering such agents as tend to prevent the periodical occurrence of the paroxysm. For this end, the safest and most reliable yet known, is quinine. As the portal capillaries have been congested from the commencement of attack, and the central action become consequently much impaired, some deobstro-stimulant should be united with, or given as auxiliary to the quinine. For this end, a combination of quinine, piperine and calomel, with the addition of a little camphor, may be administered together, or varied to suit the emergencies of the case. That the liver should be stimulated to throw off its load of viscid bile, is evident, before a healthy state of the blood can be had, and a uniform circulation throughout the central functions be established. We are well aware of the conflicting opinions in regard to the use of calomel ; but they have all arisen from the abuse, and not from the judicious use of the article. That some constitutions cannot bear this mineral, in any form, without producing disastrous effects, we are well aware. The same objection may be brought against opium, or any other of the more powerful remedies, both of the vegetable and mineral kingdom. This exception is accounted for on the principle of idiosyncrasy, and can be learned only by experience of the patient's peculiar constitution. In a country like ours, made up with a new, scattered and vacillating population, it cannot be expected but that the physician, however judicious, may at times produce effects, that would have been avoided, had he the same advantages of knowing the general physical habits and constitution of his patients as are possessed by the medical man in New England. Again, our diseases occur with unexpected violence, and some treatment, equal to their emergency, must be adopted, or the patient is



lost. There is no well-informed, prudent practitioner, but what selects the least in the choice of these evils. As to the hap-hazard empiricism with which our country abounds, we are not responsible for it, although the conclusions have been too sweeping on account of it. I have been induced to make these remarks, because the epithet has been applied to me, and is as likely to be so against any other medical practitioner. That calomel operates as the most certain deobstruent that we possess, to meet the exigencies under consideration, there can be no doubt.

The surcharged state of the bloodvessels of the brain that invariably takes place in the paroxysm, showing the deficient, inferior circulation to be produced by the thickened state of the sanguiferous fluid, together with the concurrent symptoms already mentioned, in diagnosis, is evidence of the requirement of deobstruents. How far they are necessary to bring the blood to its vital consistence, is a point that judgment and experience only can decide. Yet it is certain that the blood in this state cannot long sustain the powers of life, while the whole central organs and functions are crowded to a state of stagnation.

Great gastric irritability and vomiting are almost always attendant on the paroxysm, or on the occurrence of re-action, tending no less to the exhaustion and distress of the patient, than to the perplexity of the physician. The medicines so necessary to be retained by the patient, to prevent the periodical return, are repeatedly thrown from the stomach, in spite of all his efforts. Morphine, combined with quinine and calomel, with a little addition of camphor, given in the form of pill, will be the most likely to be retained in this state of the stomach. Strong sinapisms should be applied to the epigastrium and the extremities, to allay irritability and equalize the circulation. Morphine applied endermically to the epigastrium, after producing irritation or vesication, is often attended with the happiest results. Under these circumstances, that we lose no time, which is so important to the life of the patient, the quinine should be administered in enema as often as every third or fourth hour, combined with thirty, forty or sixty drops of laudanum. That calming the accumulation of nervous excitability and irritability, gives much relief, and forms an important step in the plan of therapeutics, there can be no doubt; but that the irritation and excitability are the result of the contaminated and oppressed state of the circulating fluid, is equally clear to my mind.

How far quinine is to be relied upon as the antidote to neutralize this poison, time and circumstances alone can determine. At present we seem to possess no other agent that will equally prevent the periodical return. As to the operation of quinine and its mode of administration, there are diversified and contradictory opinions. While some think it acts only as a stimulant or tonic, others deny that it possesses tonic or stimulant properties, and assert that it acts only as a sedative or sudorific. While one class say it should be given in extremely large doses, with intermissions of ten or twelve hours, others say it should be given in small doses of *one or two grains every hour or two*. While such contradictory notions prevail as to the operation and administration of such a potent

remedy, much confusion and uncertainty, to say nothing of danger, must exist. And there is much reason why the people are becoming as generally prejudiced against this medicine as they are against calomel. From my knowledge of it, I believe it operates similarly to opium, and is as variable in its effects. It may be given to accomplish wide and varied purposes, according to the condition of the patient's system, and its combination with other medicines. We have given it in five-grain doses every two hours, with twelve hours' anticipation of the paroxysm, and found, for a certain length of time, it acted as a stimulant or tonic, in sustaining the fullness of the pulse; and after the paroxysm had been passed, or resolved, its continued use was sedative, the pulse becoming less frequent and smaller. Again, when given in one or two grain doses, combined with morphine or Dover's powder, every three or four hours, after the *primæ viæ* were well cleared, it proved a valuable sudorific and febrifuge; and with the qualification spoken of, we have never found it to increase the pyrexia, when continued through the stage, as many contend; but on the contrary speedily terminating the exacerbation and preventing its return.

But does its tonic, stimulant or sedative property account for its preventing the periodical paroxysm? My opinion in regard to this, is, that it operates mainly in two ways. In the first place, it appears, if timely administered, to be an antidote in neutralizing the poison of malaria in the circulation, and a deobstruent at the same time. That it is a powerful deobstruent we have had abundant experience to prove. We have known cases of extensive caking and induration in the spleen and pancreas, to soften down, as by a charm, under the use of this agent alone. We have every evidence to believe, that with a right and proper preparation of the system, the functions of assimilation and absorption are favorably controlled by its deobstruent property. How it acts as a deobstruent, and consequent resolvent, we know not, any more than we do of calomel. That it operates independent of *this property*, as a chemical antidote to neutralize the ethereal (if I may so term it) poison of the blood, is demonstrated by the paroxysm continuing when it is omitted and other potent deobstruents continued. That it operates, too, independent of all other deobstruents, in preventing the paroxysm, is demonstrated by the paroxysm not returning when given alone, but the reverse of this takes place under the exclusive use of other deobstruents.

I know it is argued, by some physicians, that no deobstruent is needed, in the cure of ague, or periodical congestive fever; that so long as the fit is broken by quinine, it is sufficient. This notion is completely refuted by the great number of relapses and re-relapses in the same patient, where tonics and stimulants alone have been used, during the past season. The visceral obstructions remain the exciting cause of diseased action.

*Can this poison be timely neutralized in the system, and its consequent bad effects obviated!* It is my opinion that by far the greater number of cases might be prevented, by mild, safe and easy means, if used before the prime functions become seriously deranged. But the popular voice is against the voluntary and timely advice of the physician. Peo-



ple are too much influenced by the traditionary and capricious notion that anything, assuming the form of *ague*, should be worn out, or that it is of no use to take medicine so long as one can keep about. There is no doubt that the *miasm* is more and longer emitted in some seasons than in others, and the patient is sometimes hardly relieved or convalescent from one attack, before he is down with another from fresh imbibition; so that it may appear, under these circumstances, almost useless to take the antidote or use preventives. But I hold that if the antidote had been judiciously used before the prime functions became impaired, at length, under a judicious acclimating process, the constitution would become so little susceptible to the miasm, that the diseases and death now so frequent would become exceptions to the general rule.

The pathology and therapeutics of our western diseases will be continued in a future No.

ANDREW STONE, M.D.

Crown Point, Lake Co., Ind., Jan. 18, 1847.

#### TO THE MEDICAL PROFESSION OF MASSACHUSETTS.

[THE following Circular of the Berkshire District of the Massachusetts Medical Society, signed by Drs. Worthington and Sabin of Lenox, Childs of Pittsfield, Jennings of Richmond, Fitch of Otis, Babbit of Adams, and Sabin of Williamstown, was adopted by the District Society at a meeting held in November last, and is published in the Journal by request.]

It is a subject of congratulation that the profession of medicine is largely sharing in the *rapid progress* of the arts and sciences which distinguishes the 19th century; notwithstanding the variety of novel forms which empiricism assumes, and the bold pretensions of exclusive systems of practice. The grand object of *medical association* is, we conceive, to contribute to this *progress*. Another, and by no means an unimportant object, is the cultivation of harmony and good feeling among the members.

Does the present organization of the Massachusetts Medical Society fully meet these objects? We think not. While we entertain all proper respect for the early enactments of the Legislature, designed for the benefit of the medical profession, we must recognize the principle that great changes of circumstances call for corresponding changes in all human laws. The Massachusetts Medical Society was formed in 1781, when the population of the State was relatively small, and the number of physicians proportionally so; and when, in consequence of the sparse and scattered population of the country, the difficulty of communication between the practitioners themselves, and other adverse circumstances, the benefits of medical association were of necessity chiefly confined to Boston and a few large towns. The present organization might have been well adapted to the then existing state of the Commonwealth, and wholly inappropriate after the lapse of more than half a century.

To show that it is now both inoperative and impracticable, we state a few facts. In the county of Berkshire there are about *one hundred* regular physicians, and of these only about *twenty* are members of the Massa-

chusetts Medical Society. In some of the other counties the number of the regular physicians exceeds that of the members in nearly the same ratio. It is believed that not one half of the regular physicians in the State belong to the Massachusetts Medical Society. In this county great efforts have been made, at different times, to induce physicians to join the Society, but with very little success, as its present condition and numbers attest. The uniform objection urged against connecting with the Society is, that under its present organization the *burdens* of the State Society must be borne by *all*, while its *benefits* are in a great degree confined to *a few*.

It will be remembered that, in order to be a member of a District Society, the physician must first become a Fellow of the Massachusetts Medical Society; and thus the State Society, instead of cherishing the District Societies, has become the great obstacle to their success. We only allude to the fact that the funds, the library and the meetings, are confined to the city of Boston, and can be of little advantage to the great majority of the members.

Without going further into details, with which all the members are familiar, this Society deems it a duty to express its unanimous opinion, that the present organization of the Massachusetts Medical Society is radically defective, in that the District Societies are made the creatures of the State Society, and that, while this obnoxious feature is retained, it will effectually defeat all endeavors to elevate the condition of the local District Societies.

The new plan of organization which this Society beg leave to suggest, is essentially that now in successful operation in New York, Connecticut and other States. By the adoption of this plan, the profession in each county or district will form for themselves local county or district societies, and the State Society will be composed of delegates from the several local societies. Thus the whole profession of the State would enjoy all the advantages of local associations untrammelled—and with them all the benefits that can flow from any State Medical Society.

In accordance with these views, a memorial signed by *every regular physician* in the County of Berkshire, will be presented to the next Legislature, praying that the *Massachusetts Medical Society may be re-organized*—and in default of such re-organization, that the Profession in the County of Berkshire may be constituted a separate and distinct medical society, clothed with the usual powers and privileges pertaining to such bodies. The first of these two alternatives we should greatly prefer—believing it, as we do, to be a measure fraught with good to the whole profession of the State.

The profession in the several counties are respectfully invited to consider the matter, and, if it meet their views, to co-operate with the profession in this county in this and all other honorable means for securing so desirable a result.



## STRANGE SUBSTANCE VOMITED FROM THE STOMACH.

To the Editor of the Boston Medical and Surgical Journal.

DEAR SIR,—I wrote you under date of Dec. 28th, 1846, accompanying a substance thrown from the stomach of a lady of this place, and promising farther facts in the case. The following I have collected, as facts, and which I believe are strictly correct.

November 17th, 1846, at 11, P. M., was called to see Mrs. N., aged 57. Has complained, for about ten years, of a disagreeable sensation at the stomach, which she described as a violent motion, with faintness and sinking. I was told, by the messenger who came for me, that she had vomited an animal resembling a viper, and that she continued to vomit blood frequently.

Found, on visiting the patient, that on the 31st of October preceding, she had, while eating a dish of sea fowl, accidentally swallowed a bone, which seemed to trouble her much, although she could not refer the sensation produced by it to any particular part, but sometimes referred it to the stomach, at others to the left side, and again to the throat. She continued nearly in the same state, until Nov. 11th, when there was a sense of suffocation, sickness at the stomach and violent retching, in course of which the substance was thrown apparently, and as the patient affirmed, from the stomach, together with about half a pint of blood. I found her with cold extremities, a pale and cadaverous countenance; pulse small, thread-like, occasionally intermitting, and 50 per minute; occasional hic-cough, voice feeble, and the whole system seemingly prostrated beyond recovery, and copious ejections of blood, with violent pain referred to the stomach. I exhibited diffusible stimulants, with one fourth of a grain of morphine. The pulse soon rose to 90. Being under the necessity of leaving her in about two hours, I directed a course of treatment calculated to allay urgent symptoms merely until my return, and left her comparatively comfortable, though with the belief that she could not recover.

Nov. 18th, 10, A. M.—Found the patient free from pain; has not vomited blood since last visit; pulse 60, very small, and fast sinking. Pursued the same course as yesterday, when the patient seemed to revive.

19th.—Was called a number of miles in an opposite direction, and did not see the patient.

20th, 11, A. M.—Found the patient much worse, and predicted to the friends that she would not live through the night, which was the case, as she died at 11, P. M.

Now for a history of the substance in question—or, as I suppose it to be, the polypus. It had been macerated in water from the 14th, at 10, P. M., until 11, P. M., of the 17th. I found the bone firmly attached by a thin membrane to the upper part. The body was 11 3-4 inches long, and in the largest part was 1 3-4 inch in circumference. Attached to the small part was what appeared to be, and what I still think was, portions of the villous coat of the stomach, which measured 4 1-2 inches one way by 5 inches the other. I placed this in spirit, when it seemed, particularly the attachment spoken of above, to become contracted and indurated. In the course of ten days the spirit had become so highly colored

I changed it into a pint of new, when it seemed to undergo a further contraction. The bone was very firmly attached by a thin membrane, and in the examination was somewhat loosened.

I spoke in my former letter of a difference of opinion. The substance has been submitted to the inspection of a number of physicians here. Some believe it to have been a polypus, and the sensation at the stomach of the patient for the last ten years, warrants this belief; while others believe that it is merely coagulated blood, which was induced by the irritation of the bone upon the villous coat of the stomach, and that a portion of the above coat was detached, and an injection of blood from a wounded vessel caused the growth of the substance in question. I have made an incision into the substance, and find it composed in part of thin membranes lying parallel to each other, while the remainder seemed to be of a fungous growth. Since it was placed in spirit it has undergone an organic change. By giving your opinion, you will much oblige many. It is proper perhaps to add, that a *post-mortem* examination could not be had, on account of the repugnance of the friends.

I remain very truly your ob't serv't,

Mt. Desert, Me., Feb. 27, 1847.

W. A. SPEAR.

[The substance above described may be seen at the office of the Medical Journal.—Ed.]

#### DR. WARREN'S VALEDICTORY TO THE MEDICAL SCHOOL.

[Communicated for the Boston Medical and Surgical Journal.]

TUESDAY, 3d inst., being the concluding day of the course, Dr. Warren gave his last lecture to the Medical School. In consequence of a report, that upon this occasion he would take final leave, a numerous audience, consisting, besides medical students, of the medical faculty, many physicians, and a number of gentlemen of the other professions, were assembled to listen to the last words from the lips of the distinguished professor, upon resigning the chair so honorably occupied by him for forty years. The address not being written, but altogether oral, cannot be given at length, but we have obtained notes of some of the principal topics, which so far as they extend can be considered accurate.

After finishing the demonstrative part of the course, the Professor said, that it was natural under existing circumstances to look back to the origin of the school, to its progress in coincidence with that of the medical science of the country, and to the state in which it now existed. With this view he gave a sketch of the history of the medical school, of the advancement of the medical profession since the transfer of the school to Boston, and of the course to be pursued for the further improvement of medical science. He said that the first anatomical lectures in Boston were given by his father and predecessor, Dr. John Warren, in 1781, in consequence of his having peculiar opportunities for observation and dissection in the Military Hospital of the Revolution at Boston. These lectures led to the formation of a medical school at Cambridge, which was



transferred to Boston in 1809. The school began its operations in this city at No. 49 Marlboro' street, where the medical students and the profession generally first had an opportunity of practising dissections. The number of students gradually increasing, a college was erected by the liberality of the State Government, in Mason street, in 1816.

A deficiency of subjects existing soon after this period, an application was made to the Legislature for its aid and protection, which led to the enacting of a law in 1830, legalizing the study of anatomy. This law, so necessary to the wants of the community, placed anatomical science on the same ground with other useful sciences, supplied the community with better-educated surgeons and physicians, had a valuable operation on other States, and extended its influence even to foreign countries. Its action here had indeed been too limited hitherto, not from a defect of the law, but from its imperfect execution. Perhaps, however, neither this nor any other law, would produce adequate results to medical instruction, until the prejudices against dissection were removed by the influence of the respectable part of the community. The example should be set by the medical profession themselves, of devoting their remains to public instruction, instead of immuring them to be the food of disgusting animalcules.

While the Medical School developed itself, the medical profession advanced in usefulness and respectability. The re-organization of the Massachusetts Medical Society in 1806, produced a harmonious action of the physicians of this Commonwealth in the establishment of tests of medical knowledge intelligible to the community, and enabling them to distinguish between the man of science and the pretender. The improvements in surgery did not linger behind those in medicine. Dr. Warren, the founder of the medical institution, being thoroughly versed in anatomy, and bred in the best school of surgery, the army, was for many years resorted to for the principal operations in this city and its vicinity. He performed the great operations of lithotomy, trepanning, amputations, and others, with a facility and success, which could not be surpassed. But a number of the great operations of Europe had not made their way into this part of the country, and it remained for the speaker to introduce those of hernia, the ligature of arteries, staphyloraphy, and others, which had never been practised here before. In truth, he considered, that his mission had been to transplant the surgical science of Europe. Now that this was done by the united efforts of himself and his brethren, who had visited the foreign schools, the soil seemed to be prepared for the production of original improvements and discoveries, not only in this, but in the other departments of medical science. And here he might notice the invaluable means of preventing pain in surgical operations—a discovery, which every medical man, and especially every practical surgeon, must hail with unmingled satisfaction.

The wants of the poor, and the necessity of practical instruction, induced the gentlemen of Boston to raise a munificent sum of money for a hospital, which, being aided by the Legislature, led to the erection and opening of one wing of the present building in 1820. It has been gra-

dually augmented in extent, and improved in its accommodations, till it vies with, or even surpasses, the more enlarged establishments of Europe. Here it may be said, in a word, that nothing human means can provide is wanting for the comfort and recovery of the sick.

These various improvements connected with the medical school were not obtained without much labor on the part of those concerned in its management and instruction. Among those who contributed their laborious efforts to the acquisition of the means of medical instruction, one of the most active was Dr. James Jackson, late Professor of Theory and Practice of Medicine, whose learning, assiduity, and sound judgment, were always conspicuous, when any difficulty was to be removed, or any new object to be obtained.

From 1816 to the present time, this medical school has been increasing in importance, until the halls in Mason street were filled to overflowing, and it became necessary to seek a new spot for the accommodation of its growing numbers, which was opened to it by the liberality of Dr. George Parkman. The institution now seems to present all that can be desired for elementary instruction, so that a student can have no occasion to resort to foreign countries, until he has exhausted the materials so freely presented here, and laid the foundation for that knowledge, which can be obtained from larger hospitals and the wider range of science existing in the schools of Europe.\*

The Professor then proceeded at some length to advise the young medical student, as to the successful prosecution of his studies. He showed, that no opportunities for instruction would be available without a reciprocal exertion of the intellectual powers; that vigorous efforts of attention, memory and reflection were indispensable to the acquisition of solid learning, and that a large number of students lost irrecoverably their most valuable opportunities, and the best period of their lives, from a thoughtless neglect of mental activity. The young physician, he said, is anxious for practice and impatient of its delay. He does not understand, that others older than himself have a stronger claim on the public confidence, because they are possessed of that facility in discovering and remedying disease, to the acquisition of which they can arrive only by experience and years. Instead of indulging in these discouraging sentiments, he should assiduously devote his time to attending as many of the poor as may ask for his aid, and while relieving their sufferings he will acquire that practical skill, which will give him a reputation among the classes who are able to reward his labors. He should industriously occupy those leisure hours, of which a multiplied practice will hereafter deprive him, in accomplishing himself in the literature of the higher branches of his profession. He should also devote himself to the examination of the dead bodies of the victims of disease, and a careful study of their pathological appearances, which will afford him fruitful subjects of meditation,

---

\* It was to some a matter of surprise that among the other advantages of the Medical School, the Professor omitted to mention, either from modesty, or want of time, his valuable collection of anatomical preparations, which he destines, it is said, to become the property of the University for the use of the School.



when he compares the morbid phenomena with the living symptoms. Among other researches well worthy the attention of the young physician, are those afforded by comparative anatomy.

The structure of animals, from the highest to the lowest, presents so strong an analogy to that of man, and exhibits in so wonderful a manner the hand of an Omniscient Power, in the adaptation of the organs to the habits and wants of each class, as abundantly to reward the labor of the investigator. It also gives him the habit of dexterously using those instruments he would be called on to apply to the living human body. The field of comparative anatomy, he said, is vast, and in a great measure uncultivated, so that there is abundant space for every one to distinguish himself by the discovery and description of new objects. And in this country particularly, there exist a multitude of animals, whose structure has hitherto escaped the researches of European science. While such opportunities as these present themselves, no young physician can complain, that his time is wasted for the want of interesting subjects of inquiry.

A kind and cheerful spirit should form a part of the character of every physician, whether young, or old. Those visited by disease desire a cheerful sympathy in the physician who attends them, because they are thus induced to believe that he takes such an interest in their welfare, as will lead him to a careful investigation of all their symptoms, and to a diligent application of the means which may remove them. They regard every movement and expression with the utmost watchfulness, and their hopes rise or sink in a degree corresponding with these appearances. Many patients have lost their lives by a discouraging prognostic, and many have revived by a cheerful assurance of recovery.

The morals of a young physician are not less important than his manners. He who has at his control, through the unknown remedies he may employ, the lives of his fellow men, and the happiness of their families, requires a sensitive conscience to conduct him through all the mysterious and dangerous paths of medical duty. This sensitiveness is indispensable to the preservation of that interest, which may languish under the pressure of professional fatigue. Doubt may sometimes obscure the course of his treatment, but whenever the indication is clear, no occupation, no apprehension should for a moment prevent its due execution.

Under the head of morals should also be comprised the treatment of professional brethren. Much of the usefulness and much of the respectability of this, and of the other professions, depends on the conduct of its members towards each other. Members of the same class are supposed to have a better knowledge of each other's pretensions to science, than do the rest of the community; consequently every insinuation of misconduct or bad judgment, in regard to another physician, will be likely to excite in the mind of the listener a suspicion that may some time re-act on its author. Among many other evils that result from this pernicious habit, may be ranked the increasing number of prosecutions for what is called *mal-practice*. These prosecutions, which may involve the reputation of every physician and surgeon, whatever his standing, have almost always been traced to the private hostility of a rival in the professional

career. And it may be said, that, while they deeply wound the character of the party assailed, their malignant influence almost always extends to him from whom they had their origin. While therefore we should always be faithful to our patient, we cannot be too careful of giving any opinion, which may operate unfavorably on another practitioner.

The speaker then alluded to the subject of empiricism, and showed, that it always had existed and always would exist, because men afflicted with disease were naturally inclined to trust in the strong assurances which belong to that art; that therefore it was useless to attempt to repress it by any direct efforts, and that the true mode of combating its evils was by the acquisition of sound knowledge, by a liberal and charitable disposition towards the poor, by elevating the character of the medical profession, and especially by taking a deep interest in every project which tends to advance the progress of science, or ameliorate the condition of our fellow men.

With these and other remarks, which cannot be introduced here, the Professor took leave of his audience, by wishing for his students a continued zeal in the prosecution of their studies; for the candidates for graduation a triumphant passage through the narrow gate that leads to professional honors; and for the young practitioners abundant opportunities of relieving the poor, an adequate reward of their labors from the rich, and, above all, a conscientious discharge of their duties through life.

*Boston, March 14, 1847.*

#### FOREIGN SUBSTANCE IN THE TRACHEA.

[Communicated for the Boston Med. and Surg. Journal.]

**SNEEZING** has generally been viewed in rather a ludicrous light, and mentioned only for the purpose of ridicule or merriment. We know that when the schneiderian membrane is stimulated under certain circumstances, it is affected with a kind of spasmodic motion, and that many of the muscles of the body are brought into powerful sympathetic action, which, when yielded to, produces a peculiar kind of effort that is ludicrous in the extreme to behold. I have read of one that always turned a complete summerset whenever he sneezed. But this wonderful age of pepper, steam, telegraph, and letheon gas improvement, has discovered that even *sneezing* can be made an important remedial agent, or, at least, a substitute for a difficult and precarious surgical operation, and is entitled to an honorable place in the long catalogue of "New Remedies" that are going the whirl of modern medical practice.

A child of Mr. B. Finch, of this town, aged 2 1-2 years, had the misfortune, on the 18th of September last, to swallow a plate of brass metal, three fourths of an inch in length, and one fourth of an inch wide at one end, and three eighths at the other. It was the whole of a circular plate from the end of a spool of thread, as prepared for market by the manufacturers, the like of which every body must have seen. Two sides had been doubled over, so as to give it the shape above described, and in the act of bending, the rim at one corner had been broken and turned



out, so as to form a hook or kind of barb, which rendered it to look at a very unpleasant morsel to be lodged in the trachea or œsophagus, in one of which places it had evidently been deposited. The annexed diagram will give a tolerably correct idea of its shape, but as I have not, at the present time, the thing at hand, it may not be in all points exact. From the absence at the first of much evidence of tracheal irritation, the physician who was sent for, very rationally concluded that it had taken the direct route to the stomach, and introduced a probang, and, for the present, all seemed to be right.



The symptoms, however, soon showed that the contrary was the fact; a cough and difficulty of respiration, resembling croup, followed. The cough, after a while, abated; but the difficulty in breathing, with emaciation, continued, with a total loss of the voice, and these symptoms remained for the space of six weeks from the time of the accident. During this time the child was presented to the Faculty of the Geneva Medical College, some of whom recommended tracheotomy, but from the uncertainty of the location of the offending material, the operation was deferred from time to time, till the child accidentally *sneezed* and threw it up. The child has been, much of the time since, afflicted with laborious respiration, accompanied with a wheezing sound between asthma and croup, but seems likely to recover its former state of health.

Phelps, N. Y., March 4, 1847.

C. BANNISTER.

## THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, MARCH 17, 1847.

*Dr. Lee's Valedictory.*—It is becoming a custom, at many of the schools, for one of the Faculty to give some parting advice to those who are leaving the school and about beginning professional life for themselves. The idea is a good one: the mind of the student is plastic, and, especially when placed under the circumstances of a perpetual separation from those with whom he has been associated for years, to enter upon new cares, and a circle of untried responsibilities, is in a fit condition to appreciate the kind wishes of wise, experienced instructors. On the 25th of January, Dr. Lee, of the Chair of Pathology, Materia Medica, &c., in the Geneva Medical College, addressed the graduates of that institution in a manner to command their admiration, and by them the discourse has been published. Were there less of it than there is, or were our dimensions greater, it might have been transferred to the pages of the Journal. If an occasional extract be taken, the force and beauty of the performance would be lost. Under these circumstances, it is unnecessary to say more than that Dr. Lee's reputation is well sustained in it as a clear, judicious writer, who is endeavoring to give the world full weight and measure, both in literature and science, in whatever position he may be placed.

*Genesee Co., N. Y., Medical Society.*—By request, Moses Barrett, M. D., delivered an address at the annual meeting of the Genesee Co. Medical Society, held at Batavia, Jan. 12th, which was warmly received. The orator dwelt on the present state of medical practice, and made it apparent that the public have not so much confidence in the regular profession as formerly. This has been brought about in part by the desire of individuals to become prominent men and leaders among the brotherhood. In other words, notoriety—a reputation for being something when they are really nothing, has been so frequently noticed by those who influence the public sentiment, that people have imagined, in their disgust, that the trickery of a few was a characteristic of the whole. Again, an eagerness to heap up riches suddenly, by the exercise of cunning, in announcing remedies not warranted by experience, and thus operating upon the marvellousness of that portion of society which is always in readiness to swallow down the last patented drug, has had its influence.

Dr. Barrett intimates that medical men possess too little confidence in each other. This is a fact which the people discovered long ago, and it has operated, consequently, to their disadvantage and embarrassment. "But the most disastrous of all to the interests of our profession," says Dr. B., "is the conduct of those, who, called around the sick bed to relieve present suffering and to devise means to arrest the fatal shaft of disease, fall into open disagreement, and forgetting the important object for which they met, descend to personal abuse and mutual recrimination."

---

*Swedenborg's Scientific Tracts.*—A correspondent of the New Jerusalem Magazine, published in Boston, has furnished a synopsis of a series of tracts on subjects of science, written by the far-famed Baron Swedenborg. They have been hidden in the Latin language for quite half a century, and having now been translated into English, are open to the inspection of all who admire the genius of the gifted author, however much they may differ from him in religious views.

"There are," says this writer, "a series of chapters on the *Red Blood*, which, in general terms, resume the principles of the *Economy and Animal Kingdom* in a manner the most pleasing and comprehensive. The reader who masters this little work, containing 23 chapters in no more than 16 pages, will have a good grasp of the author's doctrine on this important subject.

"The same remarks apply to the next Tract, *On the Animal Spirit*, in 16 pages and 17 chapters. In a word, these little *brochures*, on the subjects of which they treat, contain the finest gems that are to be found in the author's large philosophical works.

"The Tract on *Sensation*, which occupies 8 pages, contains 13 chapters, and treats of important subjects.

"In speaking of *The Origin and Propagation of the Soul*, the author advocates at some length the views with which your readers are familiar from his theological works. For example, we have the following headings: Chapter I. The soul of the offspring is derived from the soul of the parent. II. It is conceived in the male, but clothes itself in successive order with the requisite organic forms of the posterior sphere, in a word, with the body, in the ovum and womb of the mother. III. The simple substances of the soul, or the primary animal forms are conceived and excluded by a



transcendant process in the simple cortex of the brain, and thus in every living creature the soul is procreated. IV. The body and the animal kingdom are at an end as soon as ever this living spring and perennial source of the soul are stopped. This tract contains but 4 pages."

---

*The Surgical Adjuster.*—No one at all conversant with the construction of Dr. Jarvis's very powerful instrument for reducing luxations, pretends to call in question its utility; but the complaint is becoming general, that the price places it quite beyond the reach of country practitioners. All the cases that might fall under any one's practice in a year, under ordinary circumstances, would not yield fees enough to pay for an adjuster; and hence, scores, who would be glad to own one, are really obliged to resort to old contrivances. The manufacturers have doubtless engaged in large expenditures to make them with facility, and it is perfectly right that they should be well paid for their labor. Still, it is believed to be within the limits of possibility to reduce the price, or leave them in a less highly finished condition, and thus meet the wishes of surgeons, most of whom cannot afford to pay the price demanded. Being patented, those owning the right to produce them are the only manufacturers. This, too, is all fair, because it is a right guaranteed by the law. Unless some method is devised for meeting this condition of things, it is to be feared that some ingenious mechanic will by-and-by bring out another invention, less costly, that may prove a very tolerable substitute. With a view of sustaining Dr. Jarvis's invention, and having him enjoy the full benefit of his ingenuity, these suggestions are thrown out.

---

*Sick and Disabled Seamen.*—One of the late Congressional documents comprises a letter from Dr. Ruschenberger, Surgeon to the U. S. Naval Hospital in New York, to a member of Congress, relative to the expenses of the Marine and Naval Hospitals. From it we make the following quotations respecting these important institutions.

"By an act approved July 16th, 1798, a tax of twenty cents monthly was levied on the pay or wages of all seafaring people; and, in consideration of the payment of this tax, collectors of ports are directed in the same act to 'provide for the temporary relief and maintenance of sick or disabled seamen in hospitals.' Under this law all seafaring people who pay this tax, or 'hospital money,' are entitled to the 'relief' specified or intended.

"The rate of the tax thus levied is very heavy, as may be seen by comparing it with the amount of seamen's resources. For example, in the navy the total pay and emolument of a seaman are, annually—pay \$144, and rations \$73; equal to \$217. From this sum he pays yearly \$2 40, or more than one per cent. (1.10) on his total income. This is not an income tax, nor a property tax, but a tax upon the liability to misfortune of a class whose pursuit is eminently perilous to health and life.

"An act approved March 2d, 1799, levied the same amount of tax (to be applied in the same way) on persons serving in the navy. Officers, seamen and marines under this act were entitled to the same advantage as sailors in the merchant service. The fund resulting under the operation of these two acts constituted the '*marine hospital fund*.'

"By an act approved February 26th, 1811, the moneys, or tax collected from persons serving in the navy, were separated from the marine hospital

fund, and constituted a fund under the title of 'navy hospital fund,' as no person in the navy had derived any advantage from the marine hospital fund between the years 1799 and 1811; and as it was fairly shown that the navy had paid at least \$59,000 into it, this sum was taken from the marine hospital fund and paid over as the foundation of the navy hospital fund. By the act of 1811 the Secretary of the Navy, the Secretary of War, and the Secretary of the Treasury, were constituted commissioners of this fund; but, by an act approved July 10th, 1832, the Secretary of the Navy became the sole commissioner.

"The act of 1811 provides not only for the temporary, but also for the permanent relief of sick and disabled officers, seamen and marines; and under its authority the naval asylum at Philadelphia was erected."

"From public documents I learn that the aggregate of hospital money collected from the merchant service for the year 1842 was \$72,429 32, and the expenditure for the same year was 93,531 68; that the expense of sick and disabled seamen in the merchant service exceeded the receipts \$21,102 36 for the year 1842, and for the half year ending June, 1843, the expenditure exceeded the receipts \$9,129 77. Last year \$25,000 were appropriated by Congress to meet the deficit of the marine hospital fund; and unless some means be devised to prevent this annual deficit, it will probably increase from year to year."

Dr. R. suggests several modes of reducing the expenditures of the marine hospital fund, and also of increasing the receipts of the navy hospital fund, but we believe no action was had by Congress on the subject.

---

*Immense Dropsical Effusion.*—Dr. Ames, of Wayland, Mass., in forty-one operations, drew from a lady in that town, who died not long since, *fourteen hundred pounds of water!* She was small in stature, and slender before the dropsical disease appeared. On one or two occasions two pailsful of fluid were taken away at the same time. The lady, immediately after each operation, till towards the close of life, was so completely relieved, that she at once assumed the management of her domestic duties.

There may have been more remarkable cases on medical record, but nothing, we believe, more striking has occurred in this region.

---

*Boylston Medical School.*—This school has been commenced by a number of young medical gentlemen, who have the desire to see reform in their profession. Without any want of respect for the result of the labors of older men, they are ready and anxious to do something themselves to add to the respectability and knowledge of their junior brethren. There is no reason why their plan should not succeed. A regular course of lectures and recitations with dissections, plates, specimens, and other means, which they have, or will have, at their disposal before long, ought to induce students to join with them. It is to be hoped that the profession at large will give their school the encouragement which it is the intention of its instructors to deserve. The number of students is quite small, but we believe that before the year is completed it will be very much increased. Every facility for the study of practical anatomy is at their disposal; their dissecting room is well furnished with tables and supplied with material. A course on organic chemistry is in preparation by Dr. Bacon, a gentleman well known to



the profession for his attainments, and we believe it will be the first complete course on this subject that Boston students have had a chance of listening to. In the other branches, apparatus, &c., for lecturing will be ready before long. On the 1st instant Dr. E. H. Clarke delivered to the school an introductory lecture, an abstract of which will soon appear in this Journal. It was listened to by a small but attentive audience, among whom were several of the city practitioners, and one of the corporation of Harvard University.

*Baltimore College of Dental Surgery.*—The annual commencement of this institution recently took place at the new college building, on Lexington street, near Calvert. The evening was devoted to the exhibition of mechanical specimens of the teeth, and an address from Professor Bond.

At half past 7 o'clock Prof. Harris introduced Prof. Westcott to the audience, which was composed of a most respectable number of ladies and gentlemen, and students of the College. Prof. Westcott came forward and explained to the audience the various mechanical specimens of teeth which were deposited on the table for exhibition, and which he said were put up by the students of the College, during the term just closed—many of them during the past two weeks.

Prof. Bond was then introduced to the audience, and delivered an eloquent and instructive address to the young gentlemen composing the graduating class.

Dr. Parmly, of New York, the chairman of the awarding committee, then presented, in a neat address, to Dr. John Waylan, of Pa., the award—a handsome case of medical instruments—this young gentleman having exhibited the greatest proficiency. Dr. Parmly then delivered a short, but entertaining address, written in easy verse, in which he described the difficulties under which he labored in obtaining his profession, and how, by assiduous and persevering efforts, he overcame all obstacles and succeeded in permanently establishing himself. The address was very appropriate and full of encouragement to the young graduates.

TO CORRESPONDENTS.—“The Bronchitis War—Dr. Reese Again,” by “M.” has been received.—Several papers on hand have been deferred several weeks, and their insertion must be delayed some little time longer, but will be attended to as early as practicable.

MARRIED.—In Glastenbury, Conn., Dr. Leman J. Andrus to Miss M. A. Tryon.—In Chester, N. H. Darius A. Dow, M.D., to Miss Mary G. Quigg.—Edward D. Frow, M.D., of Charlestown, Mass., to Miss Sophia D. Hermine, of Canada.—Dr. David Farr, of Ridgefield, Conn. to Mrs. H. Griffith.—At Norwich, Conn., A. W. Coates, M.D., to Miss H. E. Lydellman.—Dr. Robert Craae, of Middlebury, Conn., to Miss L. Beardsley.

DIED.—At Dummerston, Mass., Dr. Jotham Burnett, 66,—of pulmonary consumption.—At Auburn, Mass., Dr. Melzar Flagg.—At Stockbridge, Ms., Dr. Thaddeus Pomeroy, 82.—At Haverhill, N. H., Dr. Rodney C. Messer, 23.

*Report of Deaths in Boston*—for the week ending March 15th, 36.—Males, 22—females, 14. Stillborn, 4. Of consumption, 6—typhus fever, 8—brain fever, 1—scarlet fever, 1—lung fever, 4—infantile, 3—croup, 2—disease of the heart, 2—apoplexy, 1—teething, 1—dropsy on the brain, 1—pleurisy, 1—inflammation of the lungs, 1—intemperance, 1—debility, 1—diarrhoea, 1—disease of the bowels, 1.

Under 5 years, 13—between 5 and 20 years, 5—between 20 and 40 years, 12—between 40 and 60 years, 6—over 60 years, 0.

*Medical Appointment in the Regular Army of the United States.*—To persons desirous of entering the medical staff of the regular army, the following information from a responsible source will be acceptable :

It is prescribed by law that "no person shall receive the appointment of assistant surgeon in the army of the United States unless he shall have been examined and approved by an army medical board, to consist of not less than three surgeons or assistant surgeons, who shall be designated for that purpose by the Secretary of War."

Applications for permission to be examined for the appointment of assistant surgeon must be addressed to the Secretary of War ; must state age and residence of the applicant ; and must be accompanied by respectable testimonials of his possessing the moral and physical qualifications requisite for filling creditably the responsible station, and for performing ably the arduous and active duties of an officer of the medical staff. These proving satisfactory, invitations are accordingly sent to the applicants.

The medical board of examiners rigidly scrutinizes the pretensions of each candidate, taking into consideration his physical qualifications and moral habits, as well as his professional acquirements ; and reports favorably upon no case admitting of a reasonable doubt, as the health and lives of the officers and soldiers are objects too important to be committed to ignorant and incompetent hands.

Section 8 of the army bill, approved February 11, 1847, authorizes the appointment of "two additional surgeons and twelve additional assistant surgeons in the regular army of the United States." After the promotion of two assistant surgeons to the advanced grade of surgeon, and the appointment of the candidates who were examined and found qualified by the last medical board, there will still remain nine appointments of assistant surgeons to be made under the provisions of the section just quoted.

An army medical board has accordingly been ordered to convene in the city of New York on the 15th of this month (March), for the examination of such candidates as may be authorized by the Secretary of War to present themselves. Applicants from a distance are notified that, as the board will probably be in session for a month, they will be in time if they present themselves three weeks after the board shall assemble.—*Nat. Intell.*

---

*Inhalation of Sulphuric Ether Vapor.*—We confess ourselves generally sceptical as to the good results which are frequently promised to flow from the employment of new remedies, and new modes of treatment, by those who, from laudable or interested motives, usher them before the notice of the profession. The very equivocal circumstances under which this one was laid before the profession rendered us even more sceptical and distrustful than usual ; but we have perused a mass of evidence which has certainly convinced us most forcibly, that a means is now presented for mitigating, to a very marked extent, the excruciating pain and agony which are necessarily attendant upon operations of any magnitude.—*British Amer. Med. Jour.*

---

*Philadelphia College of Medicine.*—The Legislature of Pennsylvania has passed an act supplementary to the act incorporating the Philadelphia College of Medicine, which repeals the restrictions in the former act, and gives the College power to give winter as well as summer lectures.



# THE BOSTON MEDICAL AND SURGICAL JOURNAL.

VOL. XXXVI.

WEDNESDAY, MARCH 24, 1847.

No. 8.

## INHALATION OF ETHER.

By J. Mason Warren, M.D., One of the Surgeons of the Mass. General Hospital.

[Communicated for the Boston Medical and Surgical Journal.]

THE practical importance of this valuable discovery for the relief of human suffering is now very generally admitted, and its use for this purpose becoming more extensive both at home and abroad. It therefore is a subject of much interest to determine, by the observation of its effects in a number of persons of different ages, sexes and temperaments, to what class of patients it is applicable, when its use should be desisted from, and, also, what length of time the inhalation may be continued. This latter point requires especially to be settled, as it was a question at first, whether in surgical operations requiring for their performance a longer space of time than six or seven minutes, the suffering could be annihilated. Another question of interest also presented itself to the mind of the surgeon, which was, whether, in operations of much delicacy, the violent muscular movements, which were occasionally observed, or the sudden starts consequent on a return to consciousness, would not interfere with the safe prosecution of the dissection.

These considerations have led me to draw up an account of the history of a number of cases in surgical practice under my observation, since the first introduction of this remedy, which will assist in solving some of the above-mentioned propositions. For the sake of convenience I shall attempt some arrangement of these cases, according to the age and constitutional effects. Some of them I shall give more in detail than is absolutely necessary to illustrate the effects of the ether, on account of their interest in a surgical point of view. The first cases will be those of children.

CASE I.—This was a fine, handsome boy, 12 years of age, in vigorous health. He was brought to me by his parents, on account of a scar on the upper lip, about an inch in length, which had been caused by a contusion. The red part of the lip had united irregularly, and produced considerable deformity. The operation necessary for the relief of this accident, was likely to be painful, protracted, and to require much delicacy. It was important, therefore, that the patient should be kept in the most perfect state of quietude. This was not likely to be the case, as he stoutly resisted the idea of submitting to any suffering. His parents were therefore very desirous for him to take the ether.

No surgical operations had thus far been recorded of the application of the inhalation to subjects of this age, and I had therefore some hesitation in advising its use; especially, as I had learned from Dr. Morton, that the first time he administered it to a child it was followed by vomiting and long-continued faintness. On a subsequent interview with Dr. M., and also with Dr. Keep, I learned that both these gentlemen had afterwards used it on children as young as eleven years, with the most gratifying results, and in no case with any bad consequences. I therefore determined to employ it in the present instance, and the patient readily gave his consent to the operation, when he was informed that he was to be spared all suffering.

The ether was administered by Dr. Morton, and after a few minutes passed in making the patient comprehend the proper method of inhaling, he gradually began to breathe it regularly, and in a few minutes was under its influence. At the commencement of the process the eyes were highly injected with blood, the face flushed, and the pulse accelerated, but as the influence of the ether increased, the pulse gradually declined, and the color left the cheeks.

During the operation, which consisted in dissecting out the cicatrix from the lip, he remained immovable, not the slightest shrinking or muscular action of any kind being perceptible. He recovered from this insensible state while the edges of the wound were being adjusted and the sutures inserted, but did not make any complaint. The pulse was now found to be slow (say sixty in the minute), the pupils dilated. He vomited a little and was faint for half an hour, but when I saw him in the afternoon he had quite recovered from the effects of the application.

**CASE II.**—I assisted Dr. Brown in an operation for club-foot, on a little timid, delicate boy, 11 years of age. All our entreaties failed to induce him to inhale the ether from the ordinary apparatus. I finally wet a couple of sponges with ether, and placed them near his mouth. Gradually he became animated, and seemed to be much gratified with the taste. The face became flushed; he said he felt dizzy; his eyelids closed, and he became almost insensible.

At this period it was thought necessary to remove him to another part of the room on account of the light. The movement roused him so much, that he went through the operation with the appearance of a person in a bad dream. He afterwards said, that he thought himself seized by robbers, carried into a wood, and had his heels pricked.

This case is mentioned to show, that a sponge may be substituted for the inhaling apparatus, when the ether is applied to a child, who is too young to comprehend the ordinary process. Dr. J. C. Warren informs me, that for a little irritable boy at the Hospital, affected with a very painful disease of the hip-joint, who every night required the use of an opiate, he directed a sponge dipped in ether to be laid on his pillow. The effect of this application was to produce sleep in three minutes. The patient awoke from its influence in half an hour, then composed himself again, and remained quiet until morning.

In the three following cases the patients were entirely free from suffering,



although quite conscious of what was going on during nearly the whole of their respective operations.

CASE III.—Mr. L., a gentleman remarkable for his powerful muscular development, who required the removal of an encysted tumor from the arm, inhaled the ether about three minutes, and appeared to be quite under its influence. He soon began to recover his speech, and during the operation described the details of a previous one he had undergone. He was perfectly conscious of what was going on, but bore the cutting without shrinking, and, as he subsequently said, without feeling anything which could be called pain. A slight degree of exhilaration was experienced for about ten minutes afterwards.

CASE IV.—Mr. Hathaway, 25 years of age, had the flesh jammed off from the middle finger of the right hand five months since. The wound healed slowly, and left the bone covered by a thin and tense cicatrix. The effect of this was to produce such an extreme degree of sensibility of the part, as to render the hand almost useless, in addition to which he was subject to attacks of severe neuralgia. I advised him to have an incision made through the cicatrix (which probably compressed the digital nerves against the bone), the skin dissected off, and the end of the bone removed.

The ethereal inhalation was administered by Dr. Morton, and in five minutes he became insensible. Very soon after the operation had commenced, he recovered his consciousness sufficiently to inquire how we were getting on, requesting that we should not hurry, but that the operation should be done thoroughly. This being completed, and the wound dressed, he said, that he had been well aware during the greater portion of the time of what we were doing, but felt no more pain than he would have experienced from an ordinary examination of the part. The pupils during the action of the ether on the system were dilated, and the pulse slower than natural. He had no subsequent ill effects from it, and returned home in about two weeks, quite free from his neuralgic troubles.

CASE V.—Rev. Mr. S., from Nova Scotia, consulted me in February for a tumor of the neck, about the size of an egg, a little under and to the inside of the sterno-mastoid muscle, on a line with the larynx. It gave a semi-elastic sensation to the touch, and at first seemed to have a strong pulsation, but on a more critical examination this was evidently shown to be communicated to it from the carotid artery, which was directly beneath.

This tumor appeared about nine months since, in the course of a severe influenza; it very rapidly attained its present size, and in spite of all remedies has not shown any disposition to diminish. By a surgeon who had previously examined the patient, it was supposed to be of the aneurismal character. I determined to make a careful incision down to the tumor, ascertain its nature, and if it proved to be encysted, as I supposed, to open it, evacuate its contents, and dissect out the sac.

The operation was done in the presence of Drs. Parkman, Sargent, Briggs and J. C. Warren. Mr. S. having respired the ether for five minutes, appeared insensible. An incision, about three inches in length, was made along the inner edge of the sterno-mastoid muscle. The dis-

section was prosecuted through the platysma and the layers of the superficial fascia, until the tumor was fairly exposed: it proved to be encysted. The fluid contents were next evacuated. Then passing my finger into the sac, I could feel the carotid artery in bold relief running along its whole posterior portion. The sac was carefully dissected from the sheath of the vessels, and the operation terminated with but little hæmorrhage.

In the course of the operation the patient spoke, and remarked, that he knew everything that was going on, but felt no pain. He asked, if it would not be well to give him more ether; this request, he afterwards said, was from fear that he might have pain as he returned to his natural feelings.

He experienced no ill effects from the inhalation, and had recovered from the wound in about fourteen days.

CASE VI.—On the 4th of March I operated on a patient for varicocele of some years standing. The veins of the left side were enormously dilated into two large bunches, which dragged down the testicle, and caused much pain and discomfort to the patient. The day before the operation, I accidentally saw a gentleman for whom I had performed excision of a portion of the scrotum four years ago, according to the plan suggested by Sir Astley Cooper, with the effect of producing a complete cure. In the present instance I determined to have recourse to a less bloody proceeding, and which I had practised a number of times with success. It was executed in the following manner.

The patient having been first placed in an upright posture, in order to distend the vessels, an incision was made in the scrotum about an inch in length; the veins were then allowed to protrude *en masse*, the protrusion being aided by a little dissection, and a needle armed with a double ligature passed through the base. The loop of the ligature was then cut, and the threads tied tightly on either side, so as completely to strangle the base of the tumor.

The patient respired the ether for five minutes previous to the operation, but unfortunately the stock of this article being exhausted, the dose was not sufficient to produce the ordinary effects, and at the end of that time he said, "I feel as strong as ever." During the whole of the after proceedings, however, which generally are attended with much suffering, he manifested not the slightest symptom of pain. The ether had evidently blunted the feeling, without any apparent effect on the consciousness.

In the three following cases the inhalation seemed to produce either a partial, or entire state of asphyxia.

CASE VII.—Mary Muldran, aged 58, a widow, from Ireland, presented herself to me in the latter part of November, 1846, with a malignant disease of the upper jaw. I referred her to the Massachusetts General Hospital, where she entered on December 2d, and gave the following history of herself.

Eight weeks since she perceived a hardness and slight pain around the alveolus of the left upper canine tooth, which had been removed some time before. A few days afterwards a small pustule appeared at this



point, which she pricked with a pin. A fungous tumor very shortly made its appearance, which has increased rapidly since, and within the last week has nearly doubled in size.

There is now a fungous tumor of the size of a walnut attached to the alveolus; it is of a mottled chocolate color. The portion opposed to the lower jaw is slightly ulcerated, and from this spot there has once or twice been a slight hæmorrhage. The tumor has also been lately the seat of lancinating pains.

The operation was performed by Dr. J. C. Warren, the patient being first brought under the influence of sulphuric ether administered by Dr. Morton. An incision was made through the cheek, and the soft parts dissected, so as to uncover the left upper maxillary bone. The cutting forceps were then applied on each side of the tumor; the two lateral incisions, united by a transverse, or horizontal incision, removed the whole of the disease. The antrum was laid open. The hæmorrhage was great, but finally restrained by the actual cautery. This account is condensed from the books of the Hospital.

The effects of the inhalation in this case were peculiar. Supporting the head of the patient during the operation, and after she was under the influence of the ether, I found her countenance to be livid, the hands to be slightly clenched, and the blood partially settled about the fingers. The respiratory process was but imperfectly performed, and the blood which ran down the throat seemed to pass unobstructed into the lungs, or with but slight resistance from the epiglottis. As soon as was permitted by the termination of the operation, which was very rapidly performed, I threw the head forwards, so as to prevent the blood from passing down the throat. The natural respiration very shortly afterwards returned, and the patient recovered her consciousness without further difficulty. She said that she had been entirely free from pain, and had not been aware of the steps of the operation.

This woman came to me a few days since, quite recovered, and free from any traces of disease. She had been discharged well from the Hospital on December 24th.

CASE VIII.—This is also condensed from the Hospital books. Catharine Crowley, aged 50 years, entered the Hospital on August 3d, 1846, with necrosis of the tibia, attended with an extensive ulceration of the soft parts, the discharge from which was exceedingly offensive. She remained in the Hospital under treatment five months. The disease, however, finally became so painful, and the destruction of the tissues so extensive, that she requested to have the limb removed. This being agreed to at a consultation of the Surgeons of the Hospital, amputation was performed by Dr. Hayward on January 9th, 1847.

After inhaling ether for a few minutes, which she seemed to do with great difficulty, raising her head up from the table, and making other movements indicative of distress, a general spasm of the system occurred. The hands were clenched, the lips strongly compressed together and livid, the face deadly pale. Having my thumb on the femoral artery, preparatory to making compression during the operation, I found that the pulse disap-

peared. At the same time the respiration momentarily ceased. The pillow which supported her head being removed, it fell backwards, allowing the mouth to open. Frictions being made on the surface of the chest, the respiration returned, and these unpleasant symptoms passed off. She was not conscious of any pain until the bone was sawed.

In the afternoon she was in some degree excited, and required an opiate draught. The stump has since healed well, and she is now almost ready to leave the Hospital.

A slight degree of asphyxia was manifested in the following case.

CASE IX.—Mrs. T., aged 40 years, consulted me for a small subcutaneous tubercle on the right breast, which had troubled her for a year. It was very hard, had a slight redness about its edges, and was at times exquisitely painful. I advised its immediate removal. She had a great dread of the knife, and was desirous of taking ether. A time was appointed for the operation, but on the day previous she had a tooth removed, while under its influence. This application had apparently, as will be perceived in the sequel, increased the susceptibility to its own influence—a circumstance, I believe, not unusual.

Her pulse previous to the operation was quite feeble, the system having been somewhat deranged, both by the troublesome tooth and mental affection, for some days previous. She respired ether for about a couple of minutes, and then became entirely insensible: the inhaling apparatus was continued at the mouth during the operation, which lasted about two minutes longer.

After the tumor was removed, my attention was directed to the patient, and I observed that she was very pale, not disposed to any voluntary movement, that the pulse was small, and the respiration scarcely perceptible. The air of the chamber being confined, a window was opened so as to admit a fresh current, stimulants were given internally, and frictions made over the surface of the body. She gradually recovered her consciousness, but it was found necessary to keep her in motion, by causing her to walk up and down the room between two persons, to prevent her from relapsing again into an unconscious state. In the course of half or three quarters of an hour she was allowed to go to bed, and had no further difficulty. I saw her in the afternoon, and she was, with the exception of a little dizziness, free from any unpleasant symptoms.

The odor of ether in this, as in a number of other cases, was apparent for some days afterwards, being evolved not only from the lungs, but also from the whole cutaneous surface of the body.\*

In all three of these instances, the blood, by some persons present, was thought to be of a much darker color than natural.

The two following cases will give some idea of the length of time, during which the inhalation may be continued.

---

\* Dr. Charles F. Hayward, House Surgeon to the Hospital, informs me that the following effect was produced on the urine of a gentleman who inhaled it at that institution. "He passed an extraordinary amount of urine after inhaling ether, and on examination, his water was found to be very limpid, almost colorless, with a specific gravity of 1.004, and having the odor of ether very well marked." This experiment was twice repeated with the same result.



**CASE X.**—A young gentleman from Halifax, aged 16 years, came under my care in January, for a tumor situated in the substance of the right cheek. One of a similar nature had been removed from the same situation two years before, but had speedily re-appeared. When I saw this patient, the whole right side of his face looked larger than the other, the veins were everywhere distended, and at first sight a malignant disease of the antrum would have been suspected.

On careful examination, I discovered a lobulated tumor deeply seated in the substance of the cheek, just below the zygomatic arch, and apparently running up under that bone. It was quite hard and moderately movable. A large vascular polypus also occupied the right nostril, and entirely obstructed the breathing through that side.

In consultation with Dr. J. C. Warren, it was determined to remove the tumor, which was done on January 28th, in the presence of a number of medical gentlemen. Ether was exhibited by Dr. Morton, and in four minutes the patient was quite insensible. A transverse incision was then made along the lower edge of the zygoma, the skin and muscular substance cut through, which exposed an erectile vascular tissue, entirely enveloping the tumor, and intimately connected with the surrounding parts. In dividing this, in order to arrive at the body of the tumor, a hæmorrhage commenced, which greatly obscured the dissection, and it was only by compressing the carotid artery, that the operation could be continued.

The tumor was now discovered extending up under the zygomatic arch, but only attached in that direction by a loose cellular tissue; behind, it dipped down in the direction of the spheno-maxillary fissure. It was finally detached from these different connections, after a long dissection. The operation was suspended from time to time, in order to allow the repetition of the ether, which was thus three times repeated at the request of the patient, and after the first time with an almost instantaneous effect. He said subsequently, that he had experienced no pain, and that his impressions were of an agreeable character. His call for the ether, he said, was partly for the pleasure of taking it, and not entirely on account of the relief it afforded him from suffering.

In consequence of the great hæmorrhage from every part of the wound, it was finally found necessary to stop the bleeding by compression with sponges. No subsequent bleeding took place, and the patient recovered without any bad symptoms. One or two weeks elapsed, however, before the sponges could be extricated from the wound, so firmly were they embraced by the granulations, and at length removal was only accomplished by tearing them away piece-meal. The disease was of the encephaloid character, and entirely surrounded by erectile tissue, the division of which gave rise to the hæmorrhage. With the exception of the actual cautery, the use of the sponges seemed to me the only means of stopping the flow of blood, and from the great difficulty here encountered in the removal of these from the wound, I think that in a similar case I should give the preference to the former.

**CASE XI.**—A large, powerful, full-blooded man, 34 years of age, consulted me for a tumor in the right parotid gland. A tumor had been

removed from the same spot twenty years ago, which shortly afterwards re-appeared in the form of a small, hard tubercle under the ear. For fifteen years it remained stationary, and then began to increase. It is now about the size of a hen's egg, of a bluish color, lobulated, and having a hard base surrounded by small cysts. The lobe of the ear is pushed upward by the tumor, which extends inward and apparently involves the lower half of the parotid gland.

As the patient was very desirous of an operation, I determined on its removal. It was a question, whether it would not be advisable to apply first a ligature to the carotid. On examination by a number of medical gentlemen, it was thought possible to remove it without having recourse to this means. Drs. J. C. Warren, George Parkman, S. Parkman, Briggs and Mr. Slade, were present at the operation.

Ether was given him by Dr. Morton, who was desirous of seeing its effects on so powerful a patient. The pulse, before its exhibition, was 90. On commencing the inhalation, the eyes and face were much injected with blood, but as it was continued he gradually became pale, and in about the ordinary time was quite insensible. The tumor required a very slow and careful dissection; the base of it was found to have undergone osseous degeneration, and pressed upon the facial nerve as it crossed the styloid process. This was the cause of a paralysis, which was gradually taking place, a fact I omitted to state in the history of the case.

Towards the middle of the operation, the patient began to make strong muscular exertions, indicative of returning consciousness, and which somewhat interfered with the dissection. As soon as he complained of pain, a second dose of ether was administered, which took effect speedily, and prevented him from suffering for the remainder of the time. The operation occupied about half an hour; and although it was severe, not the slightest constitutional trouble followed. In the course of a week he was able to return home to Maine.

CASE XII.—On March 9th, I assisted Dr. J. C. Warren in an operation on a lady, 64 years of age, for the removal of a cancer of the breast. At the beginning of the inhaling process she made the ordinary complaint of being choked by the ether, but soon, however, began to breathe it easily, and in four minutes was unable to inhale longer. During the first part of the operation, which involved a very painful dissection of the skin, she made no complaint, and soon began to sing. Having continued to do so for some moments, she became uneasy and seemed to suffer, but was unable to state the cause.

This is the oldest person whom I have seen under the influence of ether, and it seemed to have as favorable an effect in her case as in younger persons, and was followed by no apparent ill consequences.

In the two following cases of amputation at the Hospital by Dr. Townsend, the patients were unconscious during the whole of the operation.

CASE XIII.—Fanny Abbot, 42 years of age, entered the Hospital on December 23d, for the purpose of undergoing amputation of her leg, on account of a carious affection of the bones of the ankle, of eight years duration. Being rendered insensible by ether, which was ad-



ministered in this, as in most of the other operations at the Hospital, by Dr. H. J. Bigelow, the leg was removed at its middle by the circular operation. The artery was compressed in the groin, and very little blood lost. She was entirely passive, and asserted that she knew nothing until after the dressing of the wound.

CASE XIV.—James Mitchell, an Irish brakeman, 27 years of age, entered the Hospital on February 2d, for a compound comminuted fracture of the leg, which it was found necessary, on a consultation of the surgeons, to amputate immediately. The operation was done by Dr. Townsend.

The limb was removed six inches below the knee by the circular method, and the operation was rendered difficult by the great infiltration of the limb with blood. The amputation was, however, speedily performed, and without the slightest knowledge of it on the part of the patient.

On the operation being terminated and the return of sensibility, he was asked, if the amputation should begin, to which he assented. At first he was quite exhilarated, then shed tears, but afterwards recovered his high spirits, which he retained for some time.

Each of the following cases presents some interesting points.

CASE XV.—On the same day that I operated on the malignant erectile tumor, No. 10, another person consulted me with a tumor in the substance of the right cheek, having some striking points of resemblance to the former case. He said, that it made its appearance ten years since, from which time it had gradually increased.

When I saw him, the cheek on that side was much forced outward, and he informed me that at times it was one third larger than the other. With one finger applied on the inside of the mouth and the thumb externally, so as to embrace the whole substance placed between them, I distinguished a hard lobulated tumor, quite movable, situated below the zygomatic arch, and partially extending up under it. By the use of force it could be carried outward, so as to make a projection over the ramus of the lower jaw. During the examination I perceived something of a less resisting nature than the body of the tumor slip from under my fingers. After one or two trials, and taking into consideration the history of the case, the large projection on the cheek not accounted for by the tumor to be felt there, also its periods of increase and decrease, I came to the conclusion, that I had to do with a tumor pervaded by the erectile tissue.

As the patient lived out of town, I advised him to enter the Hospital, where I operated upon him in February. Before the operation, a number of gentlemen, who examined this tumor, could not be convinced that it was other than an ordinary steatoma. The patient was put into a state of insensibility by inhaling ether for four minutes. The tumor was now made to project over the lower jaw, by forcing it from the inside of the mouth. The first incision laid bare the muscle; this being divided, a mass of varicose vessels, principally venous, projected through the wound; these, together with the body of the tumor, were dissected out, with some

hæmorrhage. The operation was terminated by embracing with a ligature the base of this congeries of vessels.

During the whole of this time the patient was insensible. When he revived he said that he had been on a long journey, and was surprised to find the operation terminated, and anxious to know if it had been thoroughly done. A severe attack of inflammation followed, which terminated by a large abscess in the cheek. This I did not regret, as it would probably be the means of destroying any of the erectile tissue which might remain. He left the Hospital well in a fortnight.

The nucleus of the tumor in this case seemed to be composed of a fatty substance, quite firm before removal, but easily broken up by the fingers after it was dissected out. The mass of it was composed of erectile tissue.

CASE XVI.—This case is taken from the Hospital books. A young man, aged 21, entered the Hospital August 1st, 1846, for a fracture of the bones of the face, and extensive laceration of the lips and cheek. He was discharged August 17th, much relieved. On December 18th he returned to have an operation upon the under lip, which has an ugly eschar, and exposes his teeth. The fractured bones are consolidated, and the wounds entirely healed. A small piece of bone came through the cheek about three weeks ago.

The lip being rendered tense, a V shaped incision was made by a narrow straight knife. The lip was first transfixed, and the prolabium cut through. The part to be removed was then seized with a hooked forceps, and the other incision made from above downwards. The edges were confined by three points of suture and adhesive straps. On December 24th, he was discharged well.

This young man inhaled ether for a few minutes, when his face became extremely red, and his eyes injected with blood. He was quiet at the first incision, but then started up, and was restrained only by great force during the remainder of the operation. He now seemed very much excited, shook his fists, stamped his feet, and manifested a desire to attack some of the persons who surrounded him: at the same time he was quite good humored, and disclaimed any intention to do harm. These symptoms soon passed off, without any ulterior bad effects. More excitement was shown in this case than in any I have witnessed; and this perhaps might have been spared, if the inhalation could have been continued longer, which was prevented by the operation being about the mouth, and the consequent necessity of removing the tube.

CASE XVII.—On March 11th, I exhibited ether to a delicate French lady, who required the removal of two encysted tumors, one on the lower, the other on the upper eyelid. At the time fixed for the operation I found her quite pale, and somewhat feeble from the effects of two or three days illness, and a dose of opium she had taken the night previous. I was therefore averse to have her inhale much ether. After respiring it for a few minutes, the pulse seemed to be rapidly diminishing, and I proceeded to remove one of the tumors. She shortly manifested signs of great excitement, and made a most active resistance.



A second dose being given, she very soon became entirely insensible, and I began to remove the tumor in the upper lid. The first incisions were quite unheeded, but she soon displayed great irritability and resistance, as in the former inhalation. After the operation she remained for some time nervous, dizzy, and was occasionally a little faint—an effect I had anticipated.

CASE XVIII.—On March 14th, I assisted at the Hospital in an operation performed by Dr. Hayward for a vesico-vaginal fistula. The patient resisting the inhalation from the ordinary apparatus, I had a sponge moistened with ether placed at her mouth. She breathed through this for five minutes without the least complaint, and then became insensible. The inhalation was continued for a few minutes longer, until the respiration became stertorous, when the application was desisted from.

During the operation on the fistula, which was situated at the fundus of the bladder, and required to be forcibly brought down to the external organs in order to expose it to view, the performance of which is ordinarily attended with excessive pain, not the slightest complaint was made. A portion of the edges of the fistula was removed, and the sutures inserted; the whole operation occupied about twenty minutes, the patient remaining tranquil throughout the entire period.

CASE XIX.—On Saturday, March 6th, Dr. J. C. Warren applied the actual cautery at the Hospital to a patient with a paralytic affection of the lower extremities arising from a caries of the dorsal vertebræ. Previous to the application his pulse was 120, increased perhaps by the excitement of being brought up stairs into the amphitheatre. He inhaled ether with difficulty, so that about ten minutes were required to render him insensible. Dr. Warren then applied successively three irons heated nearly to a white heat, slowly over the back, scoring it, as it were, in different directions. As the flesh smoked, and the hot iron hissed on the surface, the spectators could not but be struck with admiration at the entire immunity from pain, and perfect stillness of the patient, while subjected to this apparently most painful and appalling resort of surgery.

On his return to consciousness he was quite ignorant that the operation had been done, said he had been in a delightful dream, and that his sensations were more agreeable than they had been for a year.

#### RESULTS.

We need not dwell upon the mode in which ether produces the peculiar effects recorded, whether immediately through the nerves of the mucous membrane, or by being imbibed into the pulmonary blood. Dr. Charles T. Jackson informs me, that in order for the inhalation to produce the full and desired effect, rectified sulphuric ether in its purest state should be used, entirely free from alcohol. It thus becomes much less irritating during the inhalation, with more decided effects at the time, and none of those subsequent unpleasant symptoms, which would occur from ether in its ordinary state.

The following conclusions present themselves, which admit of being arranged under three distinct heads.

A. *As to Age and Temperament.*—1st. Young children and females seem most easily to be brought under its influence.

2nd. Females of nervous temperament are not unfrequently brought to a condition closely resembling hysteria.

3rd. Men of powerful muscular frames sometimes become violently frantic at first, requiring the exertions of several persons to restrain them. This state is succeeded by one of semi-consciousness, but also of insensibility to pain.

B. *As to the Method to be employed.*—1st. The use of the ordinary inhaling apparatus seemed in many cases to occasion at first irritation and choking.

2nd. This irritation either does not exist, or in a less degree, in cases where cloth or sponge has been used, which has been pretty extensively employed at the Hospital and in private practice by Dr. J. C. Warren and myself.

3rd. In many cases it is impossible, in consequence of the tender age of the patient, or his refractory nature, to make him comprehend the use of the ordinary apparatus, and here the cloth or sponge will be found of great service.

4th.—A quieting effect is produced even when ether is sprinkled upon the bed clothes, or a sponge moistened with it is laid upon the pillow ; thus sometimes superseding the use of an opiate.

C. *As to its Influence and Effect.*—1st. When the effect is perfect, the patient having recovered, generally expresses himself as previously under the influence of a pleasant dream, notwithstanding the severity of the operation.

2nd. A partial effect is often produced, in which the patient is entirely free from pain, but yet conscious of the different steps of the operation. Uneasiness, apparently the result of suffering, is in these instances generally referred to a disagreeable dream, or to some cause not immediately connected with the operation.

3rd. In some cases asphyxia is produced, requiring the admission of fresh air, with the use of frictions, to the patient, and in the most severe cases the internal administration of stimulants.

4th. Repetition increases the susceptibility, so far as observed.

5th. No limit of time can as yet be assigned at which its use becomes unsafe. In one instance here recorded the patient was kept under its influence for a half, and in another for three quarters, of an hour.

6th. The effect is generally evanescent, and the patient being spared the shock of severe pain upon his system seems to recover more rapidly than in ordinary cases. Out of more than fifty instances, which have fallen under my observation, I am not aware of a single one, in which its use has proved permanently deleterious.

7th. Various observations show, that when the patient is to undergo a severe operation under the influence of the ether, its application should be employed repeatedly before the day of the operation, as well to instruct him how to respire it thoroughly, as to ascertain the peculiar manner in which it affects him.



## HISTORY.

Having been conversant with the principal facts relating to the introduction of the inhalation of ether into surgical operations, it may not be considered inappropriate to connect with the above cases a slight sketch of their early history, so far as I am acquainted with them.

In the early part of October, 1846, Dr. W. T. G. Morton called at the house of Dr. J. C. Warren, and stated to him that he was in possession of a means for preventing pain in surgical operations, and that he should be glad to have the application made by Dr. W. in a surgical case. Having made some inquiry as to its safety and mode of exhibition, this gentleman agreed to afford him the earliest opportunity for employing it.

A few days after, on October 13th, a patient at the Massachusetts General Hospital, having to undergo an operation for removal of a tumor of the neck, was brought into the operating theatre, all the arrangements made for the operation, and Dr. Warren was about to begin, when he arrested his hand, saying—"I now recollect, that I promised Dr. Morton to give him the earliest opportunity of trying a mode for preventing pain in surgical operations, and if the patient consents I shall defer this operation to another day, and invite Dr. M. to administer his application." The patient consenting, the operation was accordingly postponed to the following Friday, October 16th, and Dr. W. having requested the House-Surgeon to invite the attendance of Dr. Morton, that gentleman was present and made the first public application of the inhalation of ether.

On the following day a patient requiring the removal of a tumor from the arm, and being rendered insensible by Dr. Morton's application, Dr. Warren requested Dr. Hayward, who was present, to perform the operation.

A few days subsequent to this, Dr. Warren met Dr. Charles T. Jackson, who informed him, that he had suggested the use of the ether to Dr. Morton.

On Nov. 6th, Dr. Morton addressed a letter to Dr. Warren, to be communicated to the Surgeons of the Hospital, in which he professed himself ready to disclose the composition of this agent to them, and also to permit as liberal a use of it as was reasonable under existing circumstances.

On the following day it was exhibited to a young woman, who was to submit to an amputation of the leg by Dr. Hayward; being the first amputation performed under the use of ether. At the same time Dr. Warren operated on a female for the removal of a portion of the lower jaw. In both these cases the inhalation was quite successful, but most perfectly in the amputation.

On November 9th, Dr. H. J. Bigelow read a paper on this subject to the Boston Society for Medical Improvement, which he had previously read before the Academy of Sciences.

On December 3d, Dr. Warren communicated to the Boston Medical and Surgical Journal an account of the first surgical operations under the ethereal inhalation.

The preceding operations at the Hospital by Drs. Warren and Hayward, were followed by a variety performed by the other Surgeons of that institution, Drs. Townsend, Parkman, H. J. Bigelow and myself.

Among them may be mentioned the reduction of two dislocations of the humerus by Dr. Parkman, which were thus easily managed without having recourse to the ordinary powerful apparatus.

To these in the Hospital, succeeded operations in private practice by myself, the above-mentioned gentlemen, Dr. Peirson of Salem, and at length in various parts of the country.

In Europe it has been received with the greatest enthusiasm. Amputations of the limbs and breasts, the removal of stone in the bladder, and the Cæsarean section, have been performed, all with immunity from pain; it has even been given to mitigate the sufferings of labor without arresting the contractions of the uterus.

The most striking part of the history of this valuable remedy remains to be mentioned, which is, that notwithstanding the general and almost indiscriminate use of a means apparently so powerful in its nature, not a single case has thus far been recorded, in which it has produced fatal consequences. It is to be hoped, therefore, that by a better experience in its use—an experience we shall soon be able to obtain from the examples constantly afforded—it may be rendered as safe as any other article of the *materia medica*.

As was to have been expected, various claimants have arisen for the honor of the discovery, and one or two persons in France have certainly approximated very closely to it, without having carried their investigations, however, to a sufficient length to render any practical benefit to humanity. A consent almost unanimous, both in England and France, has conceded this honor to our fellow townsmen, Dr. W. T. G. Morton and Dr. Charles T. Jackson.

---

#### CLOSE OF SESSION OF THE MEDICAL COLLEGE IN BOSTON.

[Communicated for the Boston Medical and Surgical Journal.]

DR. WARREN finished his valedictory lecture, by advising medical students not to seek foreign schools, until they should have acquired all the results of deliberate attention at home, which would fit them to profit by the advantages peculiar to other countries. He thought that most students acquired more instruction at home than abroad, especially in countries where a foreign language is spoken. He spoke of the difficulties of obtaining subjects for anatomical inquiry, and said that, in Paris, 1838, to get a subject which he needed, he was obliged to enter, as disciple of an anatomist 30 years younger than himself. Dr. W. proposed that persons who, like himself, do not object, but prefer to submit their bodies, after death, to anatomical purposes, should, at once, execute a written direction therefor. (Dr. W. has performed about 5000 surgical operations, not including minor ones, and delivered 3000 lectures in Boston, and 1000 in Cambridge.)

At the collation, Dr. Agassiz, Prof. of Natural History in the University of Neuchatel, Switzerland, seconded the motion of Dr. Warren by insisting upon the importance of numerous dissections. He alluded to the pro-



gress of different branches of natural sciences, especially of Chemistry, obtained by repeated analyses in large as well as in small quantities of the same substances, and by constant comparisons of closely allied bodies. In anatomy, dissections, as they are usually made for the purpose of teaching, show only the general arrangement of the organs; students have seldom an opportunity of seeing more than once or twice the same organs in the fresh state during the course of their studies, whilst they ought to examine them by themselves repeatedly, in both sexes and in different individuals of different ages, different complexions and different temperaments; again, the numerous variations which constantly occur in the distribution of the bloodvessels ought not to be known to them merely from books, but from actual observation. Such full acquaintance with the human body can only be obtained where dissections of a great many subjects are allowed, and where they are made carefully. He mentioned the deficient state of our knowledge of different parts of the body, and especially of the structure of the brain, as an instance which proves that the difficulty of dissecting and comparing many subjects, in order to compare the same organ in different individuals, has retarded the progress of our knowledge of their structure and functions. He doubted not that the comparative examination of the brains of so many intelligent individuals as were present would greatly improve the anatomy and physiology of the cerebral organs, and he would be very happy to contribute to this effect by signing a will which would deliver his own body to anatomical examination after death, and invited the learned company present to do the same.

Dr. Bigelow said we were so well satisfied with the productions of the living brains of these gentlemen, that we were in no haste to form an anatomical acquaintance with them. Dr. Channing made several skilful allusions relative to his office as Professor of Obstetrics. He spoke of the "pleasure which all who heard Professor Agassiz must feel in the presence of a man who, by his character and by his vast intellectual treasures, gathered by his own hand and perfected by his own unremitted toil, had acquired an enduring name among the truest benefactors of his race, and whose example would be for the imitation of all the coming time." Dr. Ware said, "You may very likely imagine, gentlemen, that I am about to follow the lead of our friends who have preceded me, and to add my example to theirs. But I am not quite ready for this, for I am not, you know, exactly in the anatomical line, and whatever advantages there may be in this disposition of one's dead brain, I am quite satisfied for the present with the exercise of my living one. I address you for another purpose. We have just finished our first course of lectures in this new edifice, which we have all, I trust, found admirably adapted to its objects. We ought not, on the present occasion, to forget to whom we owe the comforts and conveniences we have enjoyed. We ought especially to call to mind that we are not only provided with this building in which we are to investigate the functions of the human body, but we are now provided here with the material for the exercise of one of the most agreeable of them. Let us all join to wish health, prosperity and happiness to Dr. George Parkman.

Mr. James W. Stone, being called upon by Dr. Channing, responded as follows:—

“Fellow students, I have just been requested, as one of your number, to express the feelings of the class towards our friend (Dr. P.); what language of mine can so fully express those sentiments as the eloquent enthusiasm which prevails here, whenever his name is alluded to, even in the most distant manner? It is useless, therefore, to reiterate what is already doubly lithographed by the conduct, and on the countenances of those present. You, who can recall with me the narrow entries, the comminuted benches, crowded lecture rooms, impure atmosphere, the break-neck stairs and break-back seats of the old College, can well understand the “change” that has come “o’er the spirit” of our reality; you can well appreciate our new Medical College, with its spacious and ventilated halls, its comfortable seats, and its convenient location, the gift of which from the generous donor is rendered additionally valuable from its contiguity to the Hospital; that you have appreciated it, has often been proved by the testimony of regard, which, spontaneous as it was, always manifested itself, responsive to every occasional attendance of our venerated friend in the hall below.

“We have to-day heard, for the last time, our Professor of Anatomy. I will close, therefore, by proposing the following sentiment:—The successor to the Anatomical Chair—to discover one who shall equal the ability and acquirements of his predecessor, the eyes of the profession are directed towards one gifted individual; and when we, fellow students, this day separate, many of us to meet no more, \* \* \* may we wish him, what his talents cannot fail to secure, the most triumphant and decided success.”

Dr. Geo. Parkman said nearly thus:—“It is a zest to our meeting that we yet have here our Professor of Anatomy, who now resigns his chair, leaving to us choice and numerous monuments, treasures without price, results of his long service. The attendance on his Lecture to-day shows our estimation of his instructions. I attended his first course and many more of his teachings. I was pupil of the late John Jeffries, an anatomist, surgeon, physician and philosopher; but my first lessons in Practical Anatomy were at day-break, under Dr. Warren’s domestic roof, as his young professional guest. There my zeal for anatomy was roused; it gets impulse whenever I see his course of research, his pursuit of certain departments of Comparative Anatomy, to cultivate which, unembarrassedly, not to intermit labor, he resigns a field which he has tilled and enriched. Pioneered by him, we have several candidates, to succeed him, each generously appreciating the others excellence: how others appreciate them, appears by their unfailing, punctual, precise attendance on their private classes and operations, most creditable to all parties.

“What more glorious than man meditating to do most good! We have of late seen a great amount of relief, without piercing smart and anxious fear, effected by Surgery, assisted by Chemistry. It occurred to us, on every such occasion, that skilful operator is well entitled to go hence and enjoy his domestic board; but, his most substantial nutriment is conscious-



ness of such well-doings and preparation for more, and for teaching, as to-day, professional excellence. Pindar, sweet singer of Thebes, begins his lay,

‘*Ἀριστον μὲν ὕδωρ,*

water (not the water-cure, *ægrescit medendo*) is the best appliance:’ he lived 86 years! The noble of Venice, Cornaro, through exemplary abstemiousness and its consequent mental brightness, lived 98 years!—so be it with our Professor!

“It was my youthful farewell to Alma Mater, those

‘Sweet fields beyond that Charles’s stream,  
Where is the muses’ seat—

*Te prævideo, prospicio rerum, pulcherrimam, præclarissimam.*’

“I apply it here, To this Temple of Minerva Medica, our ‘Latin Quarter,’ its probable improvements and accessories, to the Hospital, to the Children’s Infirmary, where the sick poor have all that riches can command, and to you, gentlemen, be every happy result. I thank you for the cheering, cordial greeting which you have uttered whenever I have come here to share instruction with you. ‘*Grata vestra erga me voluntas; nullum præmium, insigne, monumentum postulo, præter hujus diei memoriam; in animis triumphos, ornamenta colloco; hujus temporis memoria, me muro septum arbitror.*”

Dr. C. T. Jackson’s remarks will be in the next number.

That the New College was begun this season is mainly due to the perseverance of Dr. Hayward, the Professor of Surgery; the progress of the building and its commodious arrangements, to Dr. Bigelow and the Treasurer of the University, Mr. Samuel A. Eliot. The Architect is Mr. G. T. F. Bryant, of No. 4 Court Street.\*

## THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, MARCH 24, 1847.

*Congenital Inversion of the Bladder.*—J——H——, 19 years of age, a native of Chester, Vt., who is maintained chiefly by the benevolent contributions of medical gentlemen, on whom he calls while travelling over the country, exhibits in his person, one of the most extraordinary and inconvenient malformations imaginable. In the first place there is only a

\* Nearly 49 years ago, of 22000 people in this town, nearly 4 died daily, for 3 months, of yellow fever. Business ceased, vegetation spread itself in spots hitherto thronged. Those who could, fled. How were the rest to be sustained who live by awaiting others’ call? The only unscathed part of the town was the west. A thoughtful citizen had faith that Beacon Hill, that mountain, might advantageously be made lower and cast into the sea or river: it was done, by an inclined rail road’s simple machinery, rescuing industry from straits and despondence, the invaders of pestilence! the waters were gathered in one place; “dry land appeared” where our new Medical College now stands; “bread thrown on the waters has returned.” Seven years ago, 123 cases of small pox found shelter in 3 new habitations on that then retired spot, shielding the city from apprehension. Last year, these habitations and 4 others were demolished and others removed, to give place to the College. This, with the Hospital bordering on it, and their history, is to us a piece of Holy Land!

portion of a bladder, about the size of a hen's egg, and that inverted—and instead of being within the cavity of the abdomen, it is outside. The mucous surface is rough and in a low state of inflammation, from which, by the constant escape of urine, and the application of a cloth to absorb it, it is excoriated, and the blood oozes, so as to make it appear worse than it really is. The ureters do not enter the bladder at all, but make their exit above the brim of the pelvis, on either side, from the mouths of which the urine is constantly dripping; or on elevating them a little, by drawing up the skin, the urine is ejected with force. The glans is all that indicates the existence of the penis, and projects out from the place where nature intended that organ should be located, but is partially hidden by the larger dimensions of the bloody-looking bladder above. An opinion has been given that the bones are not united in the usual manner in front, but are tied imperfectly together by the intervention of a ligamentous band. He says that at times one leg seems longer than the other; and further, that there is a perceptible racking of the pelvic bones, as though the ends were not confined together. No point can be found where the umbilical cord passed. \*It is presumed, therefore, that it must have made an exit through the same aperture by which the bladder escaped from the abdomen, and we doubt not that the patient's unhappy condition was very much aggravated at birth by this unfortunate arrangement of the parts. Finally, there is a congenital inguinal hernia of the right side. With all these imperfections in the organization and derangement of the urinary and procreative apparatus, a sexual desire is manifested, attended quite frequently by seminal emissions exceedingly unpleasant to bear, in consequence of a diffused pain over the whole anterior part of the abdomen, that immediately follows.

Would it not be possible to heal the excoriated region, by conducting the urine from it through tubes inserted into the ureters? It strikes us that an effort should be made to lessen this poor wandering boy's sad calamity. If some benevolent gentleman would give him the use of a free bed awhile at the Massachusetts General Hospital, our unbounded confidence in the ingenuity and skill of the surgeons of that institution, leads us to believe that he might there find at least some relief.

---

### **New York Correspondence.**

---

*Jubilee Week in New York.*—The past week has been signalized by the commencement celebration of the Medical Department of the University of the City of New York, and that of the College of Physicians and Surgeons of the University of the State of New York, these being the only chartered Medical Colleges located in the city. The former institution has reported over 400 students, and the latter nearly 200, for the session just closed, which is regarded by the friends of both as indicating prosperity, and justly so, for never before were 600 students registered in the Medical Schools of New York. And it is due to the young gentlemen constituting both classes to add, that in the public estimate they have sustained a reputation for sobriety and order, highly creditable to themselves, and in striking contrast with the character often given to medical classes in years gone by, in our own and other cities. That much of this is due to the wide-spread influence of the temperance reformation, cannot be doubted, while the elevated morality inculcated by the respective Faculties, has doubtless contributed to this result.



A brief notice of the commencement exercises of each may be acceptable to your readers.

The New York University held their commencement on Wednesday evening, in the chapel of the institution, the Hon. Chancellor Frelinghuysen officiating, who conferred the degrees in due form upon 123 young gentlemen, the exercises being preceded by reading the Scriptures and prayer by Professor Mason, of the Academic Department; and the occasional interlude of a musical performance by an amateur band, who contributed greatly to the interest of the occasion. A large audience of ladies and gentlemen thronged the chapel.

The address to the graduates, by Prof. Bedford, followed, and was highly appreciated by all present, a dignified and every way appropriate performance, and delivered with gravity and becoming emphasis, which are rare characteristics of such addresses.

On Thursday evening the commencement of the College of Physicians and Surgeons was held, the preliminary examination of the candidates on their respective theses having been held on the previous day. Dr. Alexander H. Stevens, President of the College, officiated in conferring the degrees on 50 young gentlemen, who were addressed by him in a most impressive discourse, abounding in sage counsels, and judicious instruction as to the duties upon which they were about to enter, and the obligations consequent upon their responsible relations to society in their future position. A large and intelligent audience thronged the hall, and the exercises throughout were of an interesting and edifying character. This venerable College deservedly retains its high place in the regards of the profession and the public.

#### MASSACHUSETTS MEDICAL COLLEGE.

At a meeting of the President and Fellows of Harvard University, held on the 13th of March, 1847, to confer the degree of Doctor in Medicine, at the semi-annual examinations held in this month, the following candidates, having complied with the statutes, receive that degree.

Thomas Andrews, Jr., Dissertation on Tubercle.  
George Manton Angel, A.B., on Chlorosis.  
Washington Ayer, Hemoptysis.  
William Brown Bugbee, Remittent Fever of Infants.  
Augustus Hannibal Borbank, A.M., Mental and Moral Causes of Disease.  
Milan Galusha Carey, Pneumonitis.  
Rowse Reynolds Clarke, Dysentery.  
Roswell Cutler, Caries of the Teeth.  
Robert Thompson Davis, Phlebitis.  
Ebenezer Wade Drake, Intermittent Fever.  
Samuel Smith Drury, Scarlatina.  
John Favill, Jr., Pericarditis.  
Daniel Francis, Pleurisy.  
Daniel Lewis Gibbens, Jr., Tetanus.  
Benjamin Franklin Gilman, Cholera Infantum.  
James Frederick Harlow, Scrofula.  
John Welsley Hinkley, Skin.

Thomas Holyoke, Cholera Morbus.  
Luther Ambrose Martin, Epilepsy.  
Dennis McGowan, Delirium Tremens.  
John Joseph McGowan, Asthma.  
Marcus Aurelius Moore, Fractures.  
Henry Preston Pratt, Hysteria.  
Robert Cleghorn Rees, Intermittent Fever.  
John Gallison Sewall, A.M., Acute Rheumatism.  
John Taylor, Pneumonia.  
Gustavus Taylor, Inflammation.  
Ira Wadleigh Tobie, Dysentery.  
Joseph Underwood, Pleurisy.  
Jabez Baxter Upham, Croup.  
John Burgin Wadleigh, Acute Pleurisy.  
Thomas Beal Wales, A.B., Cancer.  
Joseph Brown Walker, Puerperal Peritonitis.  
Lewis Edwards Whiting, Diagnosis.

WALTER CHANNING,

Dean of the Faculty of Medicine.

TO CORRESPONDENTS.—“M.’s” reply to Dr. Reese, various other communications, much editorial matter, the Medical Miscellany, &c., have been crowded out of to-day’s Journal.

*Report of Deaths in Boston*—for the week ending March 20th, 40.—Males, 24—females, 16. Stillborn, 8. Of consumption, 11—typhus fever, 3—scarlet fever, 1—disease of the heart, 1—disease of the brain, 1—ulcers, 1—infantile, 1—dropsy on the brain, 6—inflammation of the bowels, 2—inflammation of the lungs, 1—diarrhoea, 1—convulsions, 1—teething, 1—croup, 2—lung fever, 1—accidental, 1—marasmus, 2—brain fever, 1—pleurisy, 1—rupture of bloodvessel, 1.

Under 5 years, 14—between 5 and 20 years, 9—between 20 and 40 years, 11—between 40 and 60 years, 2—over 60 years, 4.

*Structure of the Sea Serpent.*—At the last conversation of the Warren Club, an association of literary and scientific gentlemen of this city, Prof. Agassiz gave his views of the probable external structure of the far-famed sea serpent, whose visits on our coast are placed beyond doubt by a chain of concurrent testimony strong enough to establish any fact. It is the opinion of this eminent naturalist, that the extraordinary reptile so often described by seafaring people and others, is intermediate in structure and organization between the ichthyosaurus and plesiosaurus, monsters that lived at an extremely remote and undefined geological period in the history of our earth. He supposes that this marine nondescript must have paddles, like those ancient fish lizards, but is uncertain in regard to the mode of respiration, whether it is effected by lungs or gills. That point has not yet been determined in his mind in regard to the plesiosaurus, and he has lately written to Mr. Owen on the subject. It was the unqualified opinion of Cuvier, however, that the plesiosaurus not only breathed air, but that it also had very capacious lungs. From the circumstance that the ribs bear a striking resemblance to those of the chameleon, the great French naturalist suggested that the animal might have been a kind of marine chameleon, having the power of changing its color, and thus eluding the pursuit of its rapacious and formidable enemies. Such a property would be in accordance with the general law of compensation,—its jaws being both small and weak, and it had neither claws nor a long tail for defence; but the great serpent is supposed to have both the first and last of those organs to perfection. Whenever the sea serpent is taken, a feat which we trust will ultimately be accomplished, it would be curious if an anatomical examination should prove that Prof. Agassiz actually predicted the true plan of its construction. This same gentleman re-constructed, on paper, a fish of the primeval world, without having any other part of the animal than a single, solitary scale. When, at length, the fish was found, his drawing corresponded precisely with nature's own work. Such is the accuracy of modern science.

---

*Philadelphia College of Medicine.*—On Monday, March 15th, the first course of lectures in this institution was commenced. No longer ago than the 14th of January, a charter was granted by the Legislature of Pennsylvania, without a dissenting voice—which shows that the discovery has been made, in that Commonwealth, that competition is the life of business in matters of science as well as trade. The course of public instruction will continue, annually, through March, April, May, June and July, at a period when no lectures are given in other colleges. Degrees will be conferred at the close.

---

*Washington Medical Institute.*—Drs. F. & H. P. Howard have organized a practical school of medicine and surgery at the city of Washington, which appears to be very complete in its details. "The annual course of instruction will embrace two sessions. The first, from the second Monday of November till the last of February, will be devoted to full examinations on the subjects lectured on in the Columbian Medical College. The second session will commence on the second Monday of March and terminate the last of October; during which instruction will be given on the various branches of medicine by lectures and daily examinations. Students may enter for one or both sessions."



THE

BOSTON MEDICAL AND SURGICAL JOURNAL.

---

VOL. XXXVI.      WEDNESDAY, MARCH 31, 1847.

No. 9.

---

WOUND OF THE PALMAR ARCH—LIGATURE OF THE ULNAR AND  
RADIAL ARTERIES.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—As all surgical cases which have presented difficulty are more instructive than those where none has been experienced, I will give you the history of one which may be useful to some of your readers, or at least interesting, not from its formidable character at first, but its obstinacy in yielding to treatment. The superficial palmar arch, although so much exposed, is not wounded as often as we should expect, and when so, the bleeding is not unfrequently easily checked, either from the arch being unusually small, there being an anomalous distribution, a thing very common here, the artery cut completely off, or compression easily made. The following demanded almost all the resources of surgery, and for a time presented a threatening aspect.

I was called to Bloomfield, to assist Dr. White in restraining the hæmorrhage from a wound of Mr. W., a young and healthy farmer, who had cut himself the week previously with a large jack knife while the blade was directed towards the left hand, the incision being very oblique from below upwards on the ulnar side, to a depth which severed the tendons of the two smaller fingers and the ulnar nerve. This made a stiff, deep flap, one and a half inch long, with its ulnar extremity cut completely out; it is important to bear this in mind, as it influenced the decision as respects plugging in the first instance. Immediately after its infliction, Mr. W. rode in haste several miles to the house of Dr. White, where he fainted, the blood having continued to flow profusely the whole distance, notwithstanding his efforts to restrain it. Dr. White, thinking that external compression might succeed, and the arteries not being easily seized, carefully replaced the flap, and made firm pressure over the wound, and as no hæmorrhage returned for a week, hoped that union had taken place by the first intention. But the blood burst out again, and was restrained by the thumb of the patient until I saw him, on the 17th of Nov., 1846. Mr. W. had lost blood enough to render him quite sallow, and had been much reduced in strength. A handkerchief garrot having been applied, an examination of the wound was made, ending as such generally do under the circumstances; no artery could be found, but there was a quagmire of blood and tissue saturated, so that nothing could be discovered, while on loosening the garrot the blood spirted out as from the mouth of a watering

pot. The question then arose, whether it was best to tampon the wound. Our principal objections were, that if we did, the incision was so long and oblique it would require a very large compress to be effectual; that if crowded between the ends of the tendons, their union must be prevented; and again, a week having elapsed, and the extremities of the nerves severed, already inflamed and very painful, they would be greatly irritated, and dangerous symptoms, and perhaps tetanus, might ensue. Pressure over the ulnar artery seeming to restrain the bleeding, it was thought best to ligature this, as the operation would be but trifling compared with any other procedure. It being evening, this was postponed until next day for the benefit of sunlight, and the wound temporarily closed by pressure. The blood, however, burst out early next morning, and the operation was immediately performed. The ulnar artery was secured without difficulty above the wrist, and pulsation ceased at the wound. A compress was accurately laid over the palmar cut, and the patient left with proper instructions. This did not prevent a fresh occurrence of bleeding, which took place next day as furiously as ever. Pressure over the radial artery now appeared to be sufficient to check this, for the original wound was freely opened, and there was no bleeding, although attempts were made to provoke it, if it was so disposed. This must have been owing, however, not to pressure on the artery, but probably to some clot, as events showed. The arm was a good deal swollen, the sutures applied two days before had torn out, allowing a free discharge of sanious pus, and an abscess was forming toward the back of the ulnar side of the arm from infiltration; the patient was restless and feverish, with a total loss of appetite.

Notwithstanding these unpropitious appearances, it was thought best to tie the radial artery, which was done on the 21st, the wounds lightly dressed and kept wet with lead water: a compress over the threatened abscess prevented diffusion of pus, and small doses of antimony were administered. It was found, however, as respects the hæmorrhage, we should probably have more work to do, for as soon as the ligature was drawn, the artery in the lower part of the wound pulsed as strongly below the knot as above. This no one had anticipated, and one of the physicians thought that the ligature had not been tied tight, or that there was some other artery in the neighborhood. To prevent any mistake, another was applied, but it was evident that the palmar part of the radial artery was beating nearly as hard as ever, by the pulsations which could be detected under the extensors of the thumb, or with but slightly diminished force, and, as was to be expected, a recurrence of hæmorrhage took place the next day. Found on the 22d, that the wound over the ulnar artery had entirely changed its character; the pus secreted was healthy, all symptoms had improved, and Mr. W. had a pretty good appetite. Still the hæmorrhage was every moment threatening to return, although the great channels of supply had been cut off. The space between the two wounds in the wrist, occupied by the tendons, pulsed so strongly that it was evident the inosculating branches of the interosseous artery had enlarged with great rapidity, and the bleeding and throbbing in the



palm proved a full supply. The external part of the palmar wound had now begun to heal; therefore a piece of pressed sponge was laid flat over this and tightly secured with a compress, and strips of wood tied transversely over the hand, which proved an effectual though temporary restraint, while attention was being paid to the wounds in the wrist, to expedite their cure preparatory to any further steps it might be deemed best to take.

On the 29th, a week after this last attack, Dr. W. raised the edge of the sponge while examining the hand, and there was another gush of arterial blood, which was restrained as formerly by replacing the compress.

On the 30th, two weeks after my first visit, and three after the injury, the inflammation having subsided and the ligatures come off, I went prepared either to tie the brachial artery or to use the sponge if practicable. Upon removing the dressings, it was found that the outer part of the wound had completely and firmly healed, but at its inner end was a dark spot, the size of a half dime and black, presenting the appearance of an old pistol bullet wound, every throb elevating the clot, and stopping the orifice and the surrounding parts. Here was evidently an aneurism, and in a favorable condition for direct compression. The cavity was cleared out, pieces of pressed sponge cut of various sizes, and each secured with a strong thread. The smallest of these was thrust to the bottom of the orifice, and then a larger placed on top, and then another, until the hole was completely filled. One piece was in particular placed as nearly as possible over the artery which was in the wall of the aneurism, and not at its bottom; the whole was then firmly secured as before. The pain attending this was severe, much more so than the cutting of the previous operations, and it was increased by the swelling of the tampon; but as it seemed the only hope, excepting the actual cautery or ligature of the brachial artery, the patient submitted to it courageously, being willing to endure anything to be relieved of a difficulty which had troubled him for three weeks, almost banishing sleep, from his fear of hæmorrhage during the night. In three or four days he was relieved by a relaxation of the pressure, when there gushed up from the bottom of the wound, around the sponge, perfectly healthy pus, and entirely free from blood. The artery was now probably closed, but as Mr. W. was comfortable, the plugs were not touched for a fortnight after their insertion, when the small portions of sponge were gradually withdrawn by their threads in their regular order, leaving a wound granulating well from the bottom, and which has healed up, leaving merely a depression. The fingers still continue somewhat stiff, though he has begun to work, and he will undoubtedly have as useful a hand as the other, except what he may suffer in consequence of the division of the nerves. The ligature of the radial artery was high above any branch which goes from it to the hand, and the supply of blood could have come from the interosseous only.

The question in debate among surgeons has been, whether in cases where the ligature cannot be applied in the wound, or pressure methodically made, it is best to tie the artery which seems to supply the blood most

directly, trusting the rest to pressure, or at once ligate the brachial artery. Liston is strongly in favor of the latter method, but Velpeau and the weight of authority are in favor of the former. It certainly does seem most philosophical to tie the arteries nearest the wound, but experience must be our safest guide. It has happened, time and again, that the ligature of one and pressure over the other or the wound, has sufficed, while the ligature on the brachial has failed, as stated by S. Cooper. This case may help settle the question. It will at least prove the value of pressed sponge, and the confidence to be placed in it where its services are wanted.

I have twice before this been called to treat wounds of the palmar arch. Once between the thumb and fore-finger with a knife, and once near the annular ligament on the radial side by a hog's tusk. Both of these yielded to pressure carefully applied, though there was in each several attacks of hemorrhage, requiring a re-application of the pads. The arteries were not tied.

P. W. ELLSWORTH.

*Hartford, Ct., March 20th, 1847.*

#### LETTER FROM PARIS—ETHEREAL INHALATION IN INSANITY AND OBSTETRICS.

To the Editor of the Boston Medical and Surgical Journal.

DEAR SIR,—In my last letter, which was written on the first day of February, I gave you some account of the manner in which the ethereal inhalation was received in Paris, and of the views which the surgeons entertained of its importance. At the time that letter was dated, a kind of insane ethereal furor had taken possession of the French medical mind, and various new applications were being made with the ether for the purpose of testing its powers.

During the past month the enthusiasm which had hitherto prevailed in regard to the ether, has gradually subsided, and the subject is now becoming one of cool and scientific consideration. The inhalation of ether still maintains its credit in Paris, as a nullifier of sensibility in surgical operations, and it has recently been employed by the physicians of the hospitals as a therapeutic agent. Viewing the ether as an excitant and as a sedative, the physiologist has thought that when inhaled into the lungs it might prove useful in certain forms of insanity, and in the department of obstetrics; and many experiments with it have been performed in accordance with these views. As a therapeutic agent in certain forms of insanity, the inhalation of ether has thus far proved quite unsatisfactory. M. Moreau, Physician to the Bicetre Hospital, has made a number of his patients inhale the ether, and reports the experiments as unfortunate. One of his patients who was subject to periodical alienation, inhaled the ether during the interval of sanity, and was immediately seized with delirium and uncontrollable insanity. The experiment was then tried on an epileptic patient, and with like unfortunate consequences. The patient was, after a few minutes, thrown into violent convulsions, resembling those of tetanus. The effects of the ethereal inhalation were equally unsatisfactory in a number of other patients at this Hospital, so that its agency in



relieving insanity, epilepsy and other affections of the nervous system, is considered injurious rather than useful.

As it regards the obstetric art, the utility of the ether inhalation seems to promise more favorable results. In my last communication I stated that a woman had been delivered by the forceps while under the influence of the ether, and without manifesting any signs of suffering. The success which attended this case has induced practitioners to make other experiments—a few of which I will notice. The ether was given to a young woman, aged 18 years, who was in labor with her first child. The labor had been protracted and very painful, and it was decided that the child could not be born without the aid of instruments. The patient was prevailed upon to take the ether until its full effects were produced, and the woman rendered insensible. The forceps were then applied, and the child delivered, while the mother was in a state of insensibility. Another woman has been delivered by the forceps while under the influence of the ether, who, although she exhibited much agitation and uttered many cries during the operation, declared, on recovering her consciousness, that she was not sensible of having experienced the least pain. In this instance the ether did not seem to destroy sensibility so completely as to render the patient entirely insensible to the pain of the operation, as is proved by the agitation she exhibited, and the cries she uttered—while the intellectual powers, or at least the power of memory, were perfectly annulled by it. This is an interesting fact for the consideration of the physiologist.

But the inhalation of ether by parturient women has not in every instance proved altogether as harmless as in the cases I have mentioned. In one instance it produced sudden and alarming cerebral congestion; the eyes of the patient became injected to so great a degree that the blood seemed almost to gush out from them; the tongue became swollen, and a frothy saliva flowed freely from the mouth. This condition of things lasted three or four minutes, during which period the uterus contracted powerfully several times, and the patient showed no signs of suffering from it; and when she recovered her consciousness, she had no recollection of the occurrence of uterine pains. An interesting and a valuable observation was made in this case in relation to the uterine life of the foetus. While the patient was in the state of insensibility, the foetal heart was noticed, and found to beat vigorously and regularly 160 times in a minute. A short time after the patient recovered her consciousness, the foetal heart beat 125 times in a minute. In consequence of the cerebral congestion which followed the inhalation of the ether in this case, the labor was no longer interfered with, and the child was born by the natural process. Hitherto no particular notice had been taken of the action of the abdominal muscles during the uterine contractions in women who had taken the ether. In two cases special attention was directed to this point, and it was observed that in these the abdominal muscles were in action during the contractions of the womb. Both of these women were delivered while under the influence of the ether, and the children were born into the world healthy and vigorous. In regard to the actual con-

traction of the voluntary muscles of the abdomen in these cases, there may be, I think, some doubt. It is possible, and it seems to me very probable, that the accoucheur was mistaken in his observation. I am inclined to the opinion that the action of the abdominal muscles was apparent only, and not real, and that the movements of the abdominal walls which the observer noticed, were caused by the action of the uterus. It is certain that under other circumstances the voluntary muscles, so far as they have been noticed, are deprived of their contractile powers by the inhalation of ether, and I can conceive of no reason why the abdominal muscles should escape the influence of the ether during uterine labor.

After diligent inquiry, I cannot learn that any obstetric patient who has inhaled the ether during labor, has suffered any very serious accidents. With two exceptions, all those, I believe, who have inhaled the ether, have recovered, and have done well. Two of them who were subjects of the experiments had puerperal peritonitis, and died. Both of these patients were delivered by the forceps while under the effects of the ether. On *post-mortem* examination nothing was found except the lesions common to the puerperal fever. It should be mentioned that this disease prevailed in the wards in which these women were confined, and it is probable, therefore, that their malady was the result of contagion.

If any conclusions can be drawn from the few observations that have been made in relation to the usefulness of ether in the practice of midwifery, they are the following. First, The inhalation of ether is capable of overcoming or nullifying the natural or physiological pain of labor. Second, In doing this, it does not destroy the contractility of the uterus. Third, It facilitates the process of labor by depriving the muscles connected with the perineum of their power of resistance. And, lastly, It has not appeared to act in an unfavorable manner on the life and health of the child. These inferences, however, should, from the fewness of the observations on which they are founded, be received with great caution. As yet, experiments have not been sufficiently numerous to authorize a course of practice; and M. Dubois, who is one of the most distinguished accoucheurs of France, has expressed the opinion that the ethereal inhalation in the art of midwifery, will be resorted to only in extreme cases, as instruments are.

Yours, &c.

*Paris, March 1st, 1847.*

F. WILLIS FISHER.

#### DR. CLARKE'S INTRODUCTORY LECTURE.

[AN abstract, only, is here given, which, however, will exhibit the lecturer's views and capability. The discourse was given at the opening course of lectures in the Boylston Medical School in this city, and was alluded to on a former occasion.]

In the first part of his address, the speaker gave an account of the customary medical course of the United States. This he considered to be deficient in many important particulars. It lacked system and thoroughness. For two thirds of the year, the student is allowed to study



as fancy or inclination may direct ; and for the remaining one third, he is crammed to surfeiting with lectures. In the office of his instructor he pursues a desultory, unmethodical method of study, and enjoys but few or no opportunities for the rigorous observation of disease, or for daily and systematic instruction. These evils are only partially obviated in the method of teaching adopted in the private medical schools of our large towns and cities. In such schools a certain course of study is marked out and followed, but this course is completed in one year. In the succeeding year, the same course is repeated, and so on. By this arrangement the advanced student and the beginner are placed in the same class, and thus both are fettered—the one impeded and the other hurried in his studies. Dr. C. thought that these disadvantages might be obviated by a more thorough course of instruction, and a different arrangement of studies.

He then pointed out the amount of knowledge—the degree of judgment and patient investigation which are necessary to the *scientific* treatment of disease, even in its simplest forms. Diagnosis, he regarded as an essential prerequisite to therapeutics ; the former demanding an intimate knowledge of the boundless field of physiology, of anatomy, pathology and etiology, as well as a perfect appreciation of the signs and symptoms of disease ; and the latter requiring an acquaintance with *all the substances* in nature, capable of exerting a curative influence on the human economy. Every practitioner, who would exercise his profession with satisfaction to himself and advantage to his patient, should be thoroughly possessed of all that is at present known in these branches. He should be especially imbued with the true spirit of impartial and philosophic investigation, and taught, amidst the complex relations—the subtle and varying changes of the human system—to be skilful alike in the discovery of truth and the detection of error. Our present system of medical education is not calculated to contribute to this result.

The speaker also alluded to the difference between Europe and America, in the degree and amount of preparation required for the practice of physic, and regretted that in this respect we allowed our transatlantic brethren to excel us. He hoped that this would not be the case long, but that the profession in this country would emulate the example set them across the water.

He concluded his address by stating that the Boylston Medical School was an humble attempt at a more thorough and satisfactory course of professional study. Its instructors were confident of the adoption and ultimate prevalence of their views, though not inclined to be too sanguine of the success of their individual efforts. For the better attainment of the object of the school, they had declined to receive any compensation for their labor, and to expend every cent received from tuition in procuring means of illustration, and facilities for study. By so doing they hoped to obtain a cabinet of specimens, with plates, models and preparations, that would greatly assist the student in his investigations, and be an important means of giving him an accurate knowledge of the ground-work—of the essential elements of his profession.

## THE BRONCHITIS WAR—DR. REESE AGAIN.

[Communicated for the Boston Med. and Surg. Journal.]

To accuse another of gross plagiarism is no trivial matter, especially where the accusation is without any foundation in truth, and therefore it need not excite surprise that I should follow Dr. Reese in his multitudinous windings, turnings and evolutions, which would certainly do credit to a harlequin.

The charge that I conceal my name, if there is any concealment about it, for I have never imposed any secrecy upon either the editor or publisher of this Journal, comes with a bad grace from Dr. Reese, for he commenced this "warfare" by assailing Dr. Green *anonymously* in the columns of a *newspaper*, a species of huckstering which even Brandreth or "Dr. Dow" might well be ashamed of; and if he ultimately gave his name, it was only through the *compulsion* of *John Doe*, of legal notoriety, who is sometimes a terror to evil doers. With regard to myself, I have only to say, that inasmuch as my opponent has set all decency at defiance, I cannot so far compromise my feeling of self-respect, as to couple my name with his in this or any other controversy.

Dr. Reese endeavors to make it appear, by inuendo, that I am not a resident of Boston, notwithstanding my communications have been dated Boston, which fact, it seems to me, should have been conclusive with regard to residence. It has been truly said by the old bard, however, that "suspicion ever haunts the guilty mind;" and it will always be found, that those who are distinguished for their *moral obliquity*, are very apt to question the *honesty* and *purity* of others. Be it known, therefore, to those whom it may concern, that I *am* a resident of Boston, and that I have attempted a vindication of Dr. Green without even an intimate personal acquaintance with that gentleman. Introducing myself to him during a brief sojourn in New York, he received me with that kindness and courtesy which distinguishes the true gentleman, and learning that I felt an interest in his peculiar treatment of laryngeal diseases, he generously afforded me every facility, during my brief stay in the city, for making myself acquainted with his method of cauterizing the larynx. I need not say that I was deeply interested in having ocular demonstration of the feasibility of the operation, especially when many distinguished physicians, and some profound anatomists, were emphatically declaring it to be physiologically impossible. Hence I was quite willing to "take a hint" from Dr. Green, and even to receive his "instructions," for that physician who imagines himself to be so *wise* that he does not need any further *knowledge*, is not only a *drone* in his profession, but is unfit for the high and responsible duties which he has assumed.

In conversation with Dr. Green, I alluded very naturally to the first communication which had appeared in the Boston Medical and Surgical Journal in relation to his book, and which was then understood to be from the pen of Dr. Reese; but Dr. Green did not intimate the slightest wish that any notice should be taken of it, but on the contrary, appeared quite indifferent with regard to the assaults which had been made upon him by Dr.



Reese, and expressed the opinion that they would not do him any injury when it was known who was their author. Indeed, while Dr. Green has the encomiums of such men as Professors Mott and Revere, who are ever ready to ascribe to others the merit which is their due, it is not to be supposed that he would be much troubled with the "barking" of his present adversary, to borrow a choice word from the vocabulary of Dr. Reese. What I have written, therefore, I have done from a sense of duty alone, for I regarded it as a most extraordinary piece of injustice on the part of Dr. Reese, to send communications from New York for publication in Boston, having no other object, apparently, than that of doing injury to the professional standing of Dr. Green. My only desire has been to overturn falsehood, and subvert petty malice, and when Dr. Reese, in allusion to myself, speaks of the "galled jade wincing," which appears to be one of his favorite quotations, judging from the frequency with which he uses it, I beg to assure him, in the same homely phraseology, that he has "got the saddle on the wrong horse."

The "plain tale" of Dr. Reese, as he terms it, in which he makes a final spasmodic effort to free himself from his present deplorable dilemma, is about as luminous as an Egyptian fog; and we confess that the extraordinary skill which he has displayed in the *use of dates*, leaves the question *very nicely balanced*, as to whether he read Dr. Green's book or not, before "reviewing" it in this Journal. Be this as it may, however, the "review" of it which he published *anonymously* in the New York newspaper, out of a deep regard for the interests of the profession, was written without having given the book a *perusal*, as he himself acknowledges; and if the newspaper review was thus written, it would not be putting one's credulity very much to the stretch, to imagine that the first review in this Journal was also thus written, for the two reviews are as much alike as the two Dromios. It seems to us, therefore, that the "plain tale" is only making "confusion worse confounded."

We are referred to the introduction of Dr. Green's work, which is not inappropriate. Dr. Reese would fain make it appear that it is all a fiction that Dr. G. had been in the habit of cauterizing the larynx as early as 1838, and accuses him of deception in saying that the work of Trousseau and Belloc was not published in this country until 1841. Let us examine these charges briefly, for a brief examination is all that is required. By reference to said introduction, which Dr. Reese has made authority, it will be seen that in September, 1840, Dr. Green brought before the New York Medical and Surgical Society, the subject of the treatment of diseases of the larynx, by means of topical applications to the lining membrane of that cavity—exhibiting the appropriate instruments for that purpose, and reporting fifteen cases of laryngeal and bronchial disease which, during the *two preceding years*, he had managed successfully by this method of treatment. Hence, the reader will perceive that Dr. Green commenced his peculiar practice at the period which he has specified, and as a reference to the proceedings of the Society named will undoubtedly show. The dark and malicious insinuations of Dr. Reese, therefore, will weigh nothing in opposition to sober facts. By the way, where was our valiant

critic in 1840, when Dr. Green made the report to which I have just alluded? Had he been enabled, by his *extensive* reading and research, to have detected the treasonable, the worse than gunpowder plot of Dr. Green, at that early period, he might, by putting in requisition a few anonymous newspaper "reviews," have saved the present unmeasured effusion of ink, and received the universal plaudits of an "outraged profession," for his watchfulness and fidelity.

We need not trouble ourself much about Dr. Johnson's reviews of the work of Trousseau and Belloc, which were written previous to 1838. Of course, he spoke of that work as he found it, and as it contained no directions for the certain and systematic introduction of medicinal solutions into the laryngeal cavity, it is very natural, in his conversation with Dr. Green in 1838, that he should have suggested the propriety of some different mode of operating, whereby applications could be made below the epiglottis with unvarying certainty.

Dr. Green is quoted as saying, that he disclaims all indebtedness to Trousseau and Belloc, and why should he not have said so? As we stated in a previous communication, he has quoted freely from Trousseau and Belloc, showing their special mode of treating diseases of the larynx by topical remedies, and then he describes the method which he himself has long pursued; and these two methods are by no means identical, the latter only being certain and systematic. Give, then, to Dr. Green the credit which is his due; and if he has devised a simple method of introducing medicinal solutions into the larynx, with unvarying certainty, which is not identical with that of Trousseau and Belloc, it is a matter of no importance when these gentlemen made their report to the Royal Academy of Sciences, when their book was first translated and published in this country, when Dr. Johnson wrote his notices in the *Medico-Chirurgical Review*, nor when Dr. Green first commenced his peculiar treatment of laryngeal diseases.

Dr. Reese finds it necessary to deny most strenuously that the work of Trousseau and Belloc did not assume a book form in this country until 1841, as we have stated, and as Dr. Green has stated in his introduction. Now what is the fact? "Our library" is not quite equal to that of the Vatican, nevertheless we have the English translation of Trousseau and Belloc in our "collection," in book form, and we find that it was published in Philadelphia by Carey & Hart, in 1841—that is, if the title-page is any indication whatever as to the time when a book was published. Even the translator's preface is only dated September, 1839, after which time we presume it appeared in *Dunglison's Library or Medical Journal*, although it is not apparent from the volume itself, that it was *ever* published in any other form, excepting the original French. Admitting, for the sake of argument, however, that Dr. Green had seen the work in *Dunglison's Library* in the latter part of the year 1839, which, from the introduction to his work, it is evident he did not, it would not help the case of Dr. Reese, for Dr. Green was cauterizing the larynx, according to his peculiar method, even before this period, as will be seen by referring to the proceedings of the New York Medical and Surgical Society in Sep-



tember, 1840, as I have already stated. The three black crows of Dr. Reese, therefore, are resolved into something even more infinitesimal than the homœopathic shadow of a black crow.

Dr. Reese says that I confess to have been in happy ignorance of the work of Trousseau and Belloc, either French or English, until I was enlightened by Dr. Green, as I falsely surmised him to have been. I said no such thing. This is a fair specimen of the misrepresentations which Dr. Reese seems to make unconsciously, for it would be cruel to suppose that he would wilfully pervert the truth, and we shall have all due charity for him, inasmuch as the force of habit is sometimes quite unconquerable. I did say, however, that I doubted whether Dr. Reese had ever heard of the publication of Trousseau and Belloc's work in this country until it was brought into notice by the recent work of Dr. Green, and I had a good and substantial reason for making such remark. I now feel it to be my duty to make known that reason, in order to administer a little wholesome rebuke to my opponent, and although he may "wince," as does the child under the rod, yet in the end he will be benefited, inasmuch as he will learn "the salutary lesson," to use his own words, "of never undertaking to enlighten the public on subjects of which he is ignorant." I have reference to the notorious fact, known not only in New York, but also in Boston, and other places, that within a year past, Dr. Reese has stated distinctly and emphatically, that it was utterly impossible to apply medicinal solutions to the interior of the larynx. I do not make this assertion, as a matter of course, without being able to prove it by the most respectable and unimpeachable authority. Hence it will be seen how very familiar Dr. Reese must have been with the work of Trousseau and Belloc, to say nothing of the reviews of Dr. Johnson, and the writings of Hippocrates; and we would advise him, therefore, not to accuse others of being ignorant of any portion of our medical literature, until he himself is fully "posted up in the progress of his own science." In conclusion, I may well exclaim with Lear:—

"Get thee glass eyes,  
And, like a scurvy politician, *pretend*  
To see the things thou *dost not*."

*Boston, March, 1847.* M.

P. S.—Since the above was written, I have been informed by the editor of this Journal, that it is an established rule, which he was obliged long ago to adopt, not to publish any article, as a general thing, of a controversial character, without the name of the writer being attached; and, in deference to him, as I do not wish to violate any salutary rule of the press, nor ask for a privilege which is not granted to others, I cheerfully subscribe my name, allowing my communication to remain as it was originally prepared.

M. MATTSON.

## MASSACHUSETTS MEDICAL COLLEGE—DR. JACKSON'S REMARKS.

[Communicated for the Boston Medical and Surgical Journal.]

At the meeting after the close of the Medical School, March 1st, Dr. Bigelow remarked, that insensibility to pain, produced by inhalation of sulphuric ether vapor, was at the present time creating much attention throughout the civilized world. He hoped that no ether would be discovered sufficiently strong, to render them insensible to the merits of its original suggester.

Dr. C. T. Jackson being called upon by Dr. Bigelow, said that he had little new to communicate to the gentlemen present, since they had enjoyed frequent opportunities of witnessing the effects of ethereal inhalation during the past winter, and were already aware of its power in the prevention of pain during surgical operations. He would, however, take this opportunity of vindicating his own and his country's claims, to the honor of this discovery.

He was aware of the pretensions advanced by others, but he believed that they had not been countenanced by the scientific world. The Academy of Sciences of France had received this discovery, and acknowledged its value, and had recorded it as emanating from America. They had set aside, at once, the claims of pretenders, and had acted justly and honorably.

He had already given to the public an account of the original experiments which he had made, on the effects of ether vapor. He would only re-assert, as he can prove by the testimony of others, that he discovered that insensibility to pain was produced by inhalation of sulphuric ether vapor, and that he communicated the fact to one of his pupils in February, 1846, and requested him to try the experiment when he had a tooth extracted.

In the latter part of September last, he communicated this discovery to a dentist of this city (Mr. W. T. G. Morton), and requested him to administer the ether to one of his patients, with the assurance that it would produce insensibility, and that the experiment would be free from danger, if his directions were followed. He regarded himself as responsible for the results of the first experiments, which were made at his suggestion, and by his advice. He next requested that dentist to go to the Massachusetts General Hospital, and ask Dr. Warren's permission to administer the ether vapor to a patient, about to undergo a surgical operation.

He regretted that any misunderstanding should have arisen concerning this discovery. He was willing to allow great credit to others for their enterprise and zeal in promoting its introduction, and for skill in improving his originally simple apparatus. He did not see any reason why each party should not be willing to rest content with what they had done.

It would certainly be unwarrantable for the miner, who carried Davy's safety lamp into the fire damps of a mine, to dispute the claims of its original inventor; for he received that instrument already proved to be efficient, with the assurance that it would guide him in safety amid the explosive gases of the mine.



## CASE OF RUPTURE OF THE VAGINA, AND ESCAPE OF THE FŒTUS INTO THE ABDOMINAL CAVITY.

[Communicated for the Boston Medical and Surgical Journal.]

ON Wednesday evening, March 17th, 1847, at 11 o'clock, I was called to attend upon Mrs. M. S., aged 28, who was in labor with her third child. On arriving at her residence, I found that labor commenced about 9 o'clock same evening. Pains regular, and at intervals of from ten to twenty-five minutes, but not severe, and destitute of those peculiar features which characterize the *first stage* of labor. At the first examination, I was unable to determine the presentation, in consequence of the presence, in the vagina, of the membranes, filled with the waters—but by pressure of the finger upon the descended sac, it was ruptured, though very resisting, and an immense quantity of water escaped, affording such relief to the patient, that she slept during the intervals of several successive pains. My second examination assured me that it was a natural vertex presentation. The labor progressed steadily but slowly, for four or five hours, the head advancing but very little during the time. It was deemed advisable to ask in another physician, which was done. All things appearing right, and the strength of the patient continuing firm, counsel did not think it necessary to remain, and left, with the assurance that he would return, if necessary, at any moment.

Nothing further occurred until 5 o'clock, P. M., the pains continuing, but with greater regularity and power. At 5 o'clock, during a most violent contraction of the uterus, there was a sudden and entire cessation of all pain, but without any of those symptoms which denote the occurrence of so grave an accident as that which subsequent examination proved to have occurred. No unusual anxiety of countenance, or restlessness, or jactitation, gave token of the fearful condition of things. After waiting half an hour, no pains occurring, and the head of the fœtus receding, counsel was called in. The successful use of the forceps failed in consequence of the position of the head. Other attempts to remove the fœtus also failed. The case was pronounced to be *rupture of the uterus*. The patient sank rapidly, and at half past 6 o'clock, on Friday morning, expired.

*Examination*, made — hours *post-mortem*. The fœtus was found within the abdominal cavity, together with the placenta. The uterus well contracted, and containing but a small quantity of coagula. At the anterior and inferior surface of the uterus, there appeared, as it remained in situ, an extensive lateral rupture, which, at first, appeared to be in the uterus itself, but on further inspection, proved to be in the vagina, at its attachment to that organ. There was extensive and general inflammation of the peritoneum, and also of the peritoneal coat of a portion of the small intestines. Further examination was not made, being unnecessary. (I might add that the fœtus was very large, the head being unusually ossified and unyielding. At the second confinement, of the patient, which occurred in Boston, she was told by her physician that she would not live through another. Such an opinion, gratuitous, of course, is re-

garded by men of good sense, to be very foolish and unnecessary, to say the least, and often injurious to the peace of the patient, however correct the prognosis.)

J. A. T.

Worcester, March 19th, 1847.

## THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, MARCH 31, 1847.

*Election of Medical Professors by Concours.*—An important chair in the Medical College in Boston, is now well known to be vacant, by the resignation of Dr. Warren, who has sustained the professorship of Anatomy and Physiology, with distinguished ability and faithfulness, for an unusually long period. A query is running through the medical ranks, in regard to his successor. Who is the man?—is the question. The opinion prevails generally that he has been long ago selected, and that the influence of one or two will determine any medical appointment at the University, against any competitor who might be so presumptuous as to aspire to a place of such professional value. Whether this is true or not, we cannot pretend to decide. It is certain, however, that the fortunate person who obtains the appointment, in the ordinary way in which elections are made at all the academical and medical institutions in New England, will have the reputation of having been elevated by strong friends behind the screen;—and however meritorious he may be as a man, he will be contrasted with many greatly his superiors, but who had no friends at court, and whose attainments, therefore, and peculiar qualifications for lecturing acceptably and instructively, without great pillars of family strength or wealth, must edge their way through life, and market their knowledge at retail, instead of shining in conspicuous departments of science, for which both by nature and education they are pre-eminently qualified. Were the corporation of the University to throw the doors wide open, and invite the whole profession to contend honorably for the prize by concours, what a glorious triumph it would be for intellect! How probable it is that the election would fall on some individual whose transcendent powers are either unknown, or not generally acknowledged by the public. And what an acquisition, too, would it be to a School, that should in all coming ages be the great and unrivalled medical focus of the Northern States.

It is quite unnecessary to particularize the character of the concours in France, or the effect the system has in developing the wonderful resources of the human mind. There is a prize to be gained worth contending for, when a professorship is there vacant. Men of comparative obscurity, having an opportunity to manifest their fitness for the duties, are permitted to exhibit their claims before a competent tribunal of judges, who are unswayed by those multiplied interests that are secretly made to bear upon a candidate's case, who silently glides into a fat position, *a la New England*. There are said to be professorships in some medical schools in our country, where the endowment was made, provided the present incumbents were appointed to them. It was a regular piece of family economy, giving a relative a life annuity and college honors combined; in other words, with-



out it, they would have been nothing in society, and even now, they are but make-weights, or niche-fillers, like the baked monks of St. Bernard, for show in a faculty catalogue. Some persons ride through life on the shoulders of their friends, as Sindbad the Sailor did on the neck of the Old Man of the Sea, and look back upon the less fortunate of their fellow beings who are trudging on in the rear, indulging in feelings that are presumed to have agitated the benevolent Uncle Tobey, when he said to the fly, "go, poor devil, the world is large enough for thee and me." Being made, and making one's self, are very distinct affairs. History presents an unerring array of testimony to show that all the truly grand achievements in literature, science and the arts, to say nothing of war, were accomplished by men who battled with adversity, and struggled against prejudices, but who at last triumphantly inscribed their own names on an imperishable tablet of universal fame.

No one conversant with the policy that usually actuates the managing spirits of institutions where profit or honor are at the disposal of a select board of gentlemen, supposes that the old scheme of suddenly making something out of nothing, will be readily abandoned. However disinterested some appointments may appear to the staring eyes of the spectator public, a large number of them, at least, in the colleges of medicine in this country, have had their origin in an out-of-sight selfishness, difficult at all times to expose, but the trick is invariably detected in the sequel. We all have our favorites as well as relatives, and it is a weakness, perhaps, of humanity, that a sense of justice to the coming phalanxes of untaught students, is lost sight of in the gratification of pushing a friend into a spot where an indirect advantage will accrue to us from his position.

All the hard sayings, often unjust surmises, inuendoes and expressions of vexation or regret, which a numerous, jealous, ambitious profession may be supposed to manifest when, in important appointments, merit is smothered in a napkin, and brass is gravely declared, by the *Senatus Academicus*, to be gold, would be entirely obviated by the simple, generous establishment of the system of election by concursus. If the American journals would heartily advocate this excellent test of the qualifications of candidates for professorships, in the medical schools of the United States, a change in the present mode might ultimately be effected; and then, but never till that important revolution transpires, will the great body of our medical teachers, lecturers and professors, vie in true greatness and brilliancy with those in the schools of France.

---

*Ethereal Intoxication.*—An aged medical man, now in an insane hospital, twenty-five years ago was affected with neuralgic pains, which were always allayed by inhaling the vapor of sulphuric ether. For many years since, he has been in the constant habit of inhaling the vapor for the sole purpose of producing an agreeable excitement, which eventually was nothing short of intoxication. The gentleman who communicates this circumstance to us, has no doubt that the permanent insanity which apparently now characterizes the case, may have been induced by this curious but vicious method of inebriation.

---

*New Hampshire Medical Association.*—A new society, full of vitality, has commenced its existence in the Granite State, under an act of incorpo-

ration, and is to meet annually at Concord, the first Wednesday in January, for the transaction of business. A good reputation, eschewing secret remedies, and qualifications that would gain a fellowship in the State Society, are necessary to obtain an introduction to this select association. The plan of a daily record book of cases, recommended on the sixth page of the pamphlet containing the Constitution and By-Laws, is worthy of being extensively imitated by all medical practitioners. How much that would be of incalculable value to society, is lost by physicians of experience, simply because they neglect to make memoranda of what they are daily seeing, hearing and doing, for the sick and infirm.

---

*Hospital in Roxbury.*—Dr. B. E. Cotting has addressed the authorities in the neighboring city of Roxbury, upon the urgent and growing necessity for a hospital. His reasonings are cogent, and, to us, convincing. There should be some edifice besides an almshouse, for strangers, and poor persons, temporarily confined by sickness and accidents. A site sufficiently spacious and commodious can be purchased far cheaper now than at any future period. All good citizens should sustain Dr. Cotting in this admirable and philanthropic suggestion. Of 150 patients in the Almshouse the past year, 100 of them were from Ireland.

---

*Philadelphia Association for Medical Instruction.*—From an examination of the annual announcement of this Association, the course of instruction appears to be not only methodical, but thorough, and therefore well calculated to advance pupils in medical studies. There are nine instructors, who give lectures on anatomy, physiology, materia medica and therapeutics, medical chemistry, obstetrics, &c., surgery, legal medicine and pathology. This is the fifth season, and the courses have shown an increasing prosperity. The lectures commence the first of April and continue till the end of October.

---

*Dr. Cross's Appeal to the Medical Profession.*—A second edition of a pamphlet, entitled "An Appeal to the Medical Profession of the U. States, together with an analysis and refutation of the 'Statement of facts in relation to the expulsion of James C. Cross from the University of Transylvania', by James Conquest Cross, M.D," &c., has been received. The author says in the preface, that the first edition having been exhausted, a demand for it induces him to put forth another and larger one. Referring to his accusers, with whom he had formerly been officially associated, he says—"If the reader should conclude a more infamous trio of scoundrels is to be found on record, then I am wholly ignorant of history." Gentlemen wishing to familiarize themselves with the rise and progress of a serious quarrel, in which actors of distinguished reputation are the dramatis personæ, are invited to examine our copy.

---

*Yellow Springs Water-cure Establishment.*—A company, recently organized, have made ample accommodations for hydropathic treatment, at the above place, not far from Philadelphia. Patients are required to carry with them "two large woolen blankets; one pair linen, and one pair coarse



cotton sheets ; long pieces of linen or cotton cloth for bandages, and two comforters." By taking, in addition, a knife, fork and spoon, an iron pot, and a shin of beef, they might make themselves quite comfortable, on their arrival, independent of the institution. The lithographic view of the premises shows that very good taste has been exercised by the proprietors in the buildings, and the arrangement of the grounds. Hydropathic hospitals are multiplying much faster than those having a pecuniary interest in them, notwithstanding their vaunted philanthropy, seem to desire. Any person having an obscure farm, difficult of access, in a remote region, may command a price by turning it into a Græfenburg.

---

*Transylvania Medical College.*—It appears, by the catalogue, that there were two hundred and five students in attendance on the recently closed lectures, representing thirteen States. Sixty-eight were admitted to the degree of M.D., on Friday, February 5th. At the same time the honorary degree was conferred on Samuel B. Field of Kentucky, Wm. H. Wilson of Illinois, Wm. T. LeGrand of Mississippi, and D. M. Lipscomb of do.

---

*National Medical Convention.*—It affords us much pleasure to notice, by our exchanges, the increasing interest which the near approach to the time for the second meeting of this convention has produced. Already a large number of the medical colleges and societies of the country have appointed delegates to represent them in that body.

*Medical reform* is the watchword of the day, and we hope it will be communicated to all the outposts, until it becomes the rallying cry of every association and individual of the profession.

This is the age of *progress* ; let not the liberal science of medicine be lagging in the rear ! We hope that every respectable medical institution in the country will be fully represented in the convention in May next.—*New York Medical and Surgical Reporter.*

---

*Lithotomy.*—Professor Dudley has recently performed the operation for stone in several instances, and with his usual success. He has now performed the operation on *one hundred and eighty-nine persons*, of whom one hundred and eighty-four have recovered. The last case from which we received particular information, recovered in less than a week. Twelve hours after the operation, the urine passed by the wound for the last time, and union by the first intention took place perfectly.

This remarkable success has not been attained by a selection of cases ; on the contrary, we have the best authority for the declaration, that he has operated on nearly every case that has been presented. He performs the lateral operation, and always employs the gorget.—*Western Lancet.*

---

*New Methods for using Castor Oil.*—The mildness and certainty of operation of this cathartic give it peculiar advantages in the treatment of many diseases ; very often, however, its tendency to produce vomiting prevents it from being employed. To remedy this inconvenience, M. Parola proposes the substitution of an extract, an ethereal and an alcoholic tincture of castor-oil seeds, for the oil itself. The result of his experiments on him-

self, and on numerous sick and convalescent individuals, is as follows :—1st. That the ethereal and alcoholic tinctures have a purgative action four times as strong as the oil obtained by expression, and that they are not so apt to produce vomiting, nor so irritant, as the ordinary oil. 2d. That these new preparations remain unalterable for a long period without reference to climate or season. 3d. That the ethereo-alcoholic extract possesses a purgative action comparatively weaker than the marc or pulp from which it is extracted, proving that the seeds contain a principle which is insoluble in alcohol or ether. 4th. The advantage of the new preparations, so far as relates to their not causing vomiting, is easily explained by the smallness of the dose in which they are administered.—*Dublin Journal*.

---

*Hospital for the Insane in Indiana*.—It is gratifying to us to communicate, as it must be to every member of the profession, that rejoices in the alleviation of human suffering, to learn, that Indiana has now in progress of erection a large and elegant hospital for the insane. It is calculated to accommodate 140 or 150 patients, with the officers, attendants and servants necessary for its management. The plan of its internal arrangements, made out from an examination of similar institutions, by our colleague, Dr. Evans, who is Superintendent of the institution, is said to be one of the best yet devised; combining more conveniences, with less expense, than is generally to be found in such establishments. Although 300 feet long, with contemplated additions of 100 feet more to each end, being three and four stories high, there is scarcely a foot of room in the whole establishment that will not be usefully and appropriately occupied. The provisions for the comfort and appropriate treatment of the patients, are ample and most admirably arranged.—*Illinois and Indiana Med. and Surg. Journal*.

---

*Willoughby Medical Institution*.—The Faculty of Willoughby Medical School are now giving, as we are informed upon good authority, their last course of lectures.

To a large number of the physicians in this region, it may appear surprising that a school, which numbered upwards of 160 students in the class of last season—which has so respectable and active a Faculty—which has its graduates scattered through the West—should suspend operations. To those, however, acquainted with the situation of the town of Willoughby, and the great disadvantages it labored under, it has long been obvious that a school at that place could only be supported by the excessive and constant efforts of its faculty and friends. The reason is obvious: it is the proximity of the place to Cleveland, where the advantages afforded to student are, or will be, every way superior. Cleveland is the natural centre of business for Northern Ohio, and individual efforts will not long contend against natural and constantly operating causes in any department of human affairs. Another cause has, we doubt not, contributed to discourage the Faculty at that place; it is the almost unlimited adoption of the credit system, whereby, with the gratification of lecturing to a large class, professors are forced to submit to the inconvenience of empty pockets.—*Ibid*.

---

*Medical School in Michigan*.—We learn that efforts are now being made for the establishment of a medical school, near the central point of the



State of Michigan. The persons concerned in it are gentlemen of highly respectable characters, and all that is required for perfect success of the enterprise, is prompt and vigorous action.—*Ibid.*

*Lunatic Asylum in Missouri.*—The question of establishing a lunatic asylum in our State has been agitated in the Legislature. It is time that something should be done in Missouri for this unfortunate class of beings. Should the Legislature pass a law for this purpose, would it not be proper to locate the institute in the immediate vicinity of St. Louis? The opportunity which would thus be afforded to the students of the two medical schools established here, of making themselves familiar with a class of disease proper to such an institution, is of itself a cogent reason for the selection of this place. The State should do all in its power to facilitate the instruction of medical students, to whose care the lives of her citizens, generally, are hereafter to be entrusted. Besides, St. Louis is the central point from whence radiate all the principal thoroughfares leading through the most populous sections of the country; it would consequently be easier, at all times, to transport patients here than elsewhere.—*St. Louis Medical and Surgical Journal.*

*Castleton Medical College.*—We understand that the Spring Session of lectures in Castleton Medical College is as usual attended by a large class of students.

*Discovery of the Effects of Ether.*—Dr. R. H. Collyer is again claiming, in London, credit for having first made known the peculiar effects of sulphuric ether, without seeking pecuniary compensation for the discovery. The editor of the *Lancet* thus alludes to his claims:—"Dr. Collyer should produce something like proof of his liberality. In the first instance, proof should be given that the discovery of the production of insensibility by ether, and its application to surgery, were *his* to give. As yet, nothing of this kind has been supplied, and until it is, the writer must be content to belong to the class of jump-up-behinders."

TO CORRESPONDENTS.—Several papers, which have been on file for publication several weeks, are again deferred. One on medical reform, by Dr. Sutton, of Kentucky, and one from Dr. Hawley, of Connecticut, have been received. The criticisms of "M. D." on an article inserted in the *Journal* last year, are not of sufficient practical importance to render their insertion, at this late day, expedient.

MARRIED.—In Boston, Edmund E. Braun, M.D., of Charlestown, to Miss Sophia H. Arnould, of Chambly, Canada.

DIED.—In Pittsfield, Me., Dr. Simonds, a revolutionary pensioner.—At Walpole, N. H., Dr. Abraham Holland, 96. Three physicians have died in that town within a year, at the ages of 90, 96 and 97.—At South Wales, Erie Co., N. Y., Dr. Ira G. Watson, 56.—At Rome, Amos Binney, M.D., of Boston.—In St. Johnsbury, Vt., Dr. Morrill Stevens, 52.—At Nashville, N. H., Dr. Timothy Hilliard, 60, a graduate of Harvard University.

*Report of Deaths in Boston*—for the week ending March 27th, 53.—Males, 23—females, 30.—Stillborn, 5. Of consumption, 9—lung fever, 10—typhus fever, 6—scarlet fever, 1—rheumatic fever, 1—marasmus, 3—pleurisy, 1—tumor, 1—hooping cough, 1—teething, 1—child-bed 2—intemperance, 1—bilious colic, 1—scrofula, 1—inflammation of the lungs, 1—convulsions, 4—dropsy on the brain, 3—inflammation of the bowels, 1—old age, 3—brain fever, 1—debility, 1.

Under 5 years, 21—between 5 and 20 years, 4—between 20 and 40 years, 12—between 40 and 60 years, 11—over 60 years, 5.

*Lexington Medical Society Prizes.*—The Lexington Medical Society have resolved to offer a prize of Fifty Dollars, or a Gold Medal or Piece of Plate of that value, at the option of the successful competitor, for the best Thesis submitted for the Degree of Doctor of Medicine, in the Medical Department of Transylvania University, for the Session of 1847-8. Those competing for this prize are at liberty to select the subject of the Thesis.

The Society also resolved to offer an *Annual Prize* of Fifty Dollars, or a Gold Medal or Piece of Plate of that value, for the best Original Essay, on a subject to be selected by a Committee.

In accordance with the above resolutions, the Committee propose, for 1847, a Prize for "*The best account of Continued Fever, as it prevails in any of the States out of New England.*" The Continued Fever of the Eastern States has been very carefully studied and very fully described. It is found to correspond exactly to the *Typhoid Fever* of France; and it is by that name that the disease is now generally called. The same disease is known to prevail extensively in some of the Middle, Western and South-Western States; but throughout these regions it has not yet been very fully or thoroughly studied. This prize is offered as one means of remedying this defect.

The Committee also propose, for 1848, a prize for "*The best account of the several forms of Periodical or Malarious Fever, in the United States.*"

---

*New York Academy of Medicine.*—A meeting of this association was held on Wednesday evening, and the following gentlemen were elected delegates to the general convention to be held in Philadelphia in May next:—V. Mott, F. C. Stewart, D. M. Reese, Ed. Delafield, J. O. Pond, O. S. Bartles, R. S. Kissam, J. C. Bliss, Charles D. Smith, Jared Linsly, H. D. Bulkley, E. L. Beadle, Moore Hoit, W. H. Van Buren. A charge preferred against a member for holding a consultation with a homœopathist was referred to the committee on ethics. Dr. Mott read before the society a paper on operative surgery.

---

*Medical Miscellany.*—Fifty-three students were graduated doctors in medicine at the recent close of the lecture term at Cincinnati.—The New York Observer says that there are thirty victims to Millerism in the Insane Asylum at Utica.—A young lady of Portland, Maine, long afflicted with the dropsy, was tapped a few days since, and six gallons of fluid, weighing fifty-two pounds, were taken from her. In another case of dropsy, nine pounds in substance was taken from a patient.—A woman is said to be now living in Moscow, who has attained the age of 168 years. When at 122, she married her fifth husband.—Dr. Dan Foote, of Berlin, N. Y., has been arrested and held to trial for the murder of his wife.—Dr. Underhill, the celebrated horticulturist, recently stated in New York, that he had three acres of Catawba grapes, and seventeen of the Isabella. The profit on the sale of that excellent fruit, is far larger than those who purchase, suspect.—Dr. Ellis removed an ounce of laudanum from the stomach of a young woman, in Cabotville, Mass., five hours after she took it, and although she was perfectly stupid and insensible, her life was saved.—Thirty-three students were admitted to the degree of M.D. at the late commencement of the Pennsylvania Medical College.—No. 8, of Vol. III., of the Am. Journal of Science and Arts, contains much valuable matter.



## THE

# BOSTON MEDICAL AND SURGICAL JOURNAL.

---

VOL. XXXVI.

WEDNESDAY, APRIL 7, 1847.

No. 10.

---

### THE LATEST FORM OF EMPIRICISM.

[Communicated for the Boston Medical and Surgical Journal.]

It has often been remarked, as one of the most singular features in the general character of men, that they love whatever is wonderful or extravagant. There seems to be a peculiar predisposition in the public mind, for the supernatural and absurd. The transition from wonder to admiration, and from thence to implicit confidence, is easy and natural; and hence men readily become the dupes of the artful and designing. Imposture and deceit have always been prevalent, and in every age there has existed a set of knaves and rascals, more or less numerous, who have contrived to deceive and fleece the public by the most dishonest and scandalous means. No profession, art or trade, has ever been exempt from their baneful influence. There are quacks in law and in theology, as well as in medicine; indeed, imposture and knavery have forced themselves into every system in which there is a prospect that *lucre* may be obtained.

But the science of medicine has ever been, and will probably ever continue to be, the most fruitful field of the empiric. The *modus operandi* of remedial agents is a matter involved in much obscurity, even in the minds of the most intelligent of the profession, and the *post hoc ergo propter hoc* is the only mode of reasoning which the public can appreciate. Hence the assertions of the quack are received, because proclaimed the loudest, and arrant knavery stalks abroad under the assumed garb of superior knowledge and skill. It is usually of but little avail for any one to oppose quackery in any of its forms, either by controversy or by open hostility. The man who does this usually finds, to his great chagrin, that the community are unable or unwilling to appreciate his reasoning, and the only reward he gets is to be laughed at for his pains.

When, however, a system of imposition appears, which lifts up its brazen front, and endeavors to exalt itself above the profession of medicine, and especially when it is drawing into its foul embrace members who have heretofore maintained an honorable standing in the profession, the necessity arises for examining its pretensions and investigating its claims. It is when medical men have abandoned the profession, or have engrafted upon it the most bare-faced system of imposture extant, that we are called upon to expose its nature, and to endeavor to arrest its evil tendency. We cannot remain silent or indifferent when we see our sci-

ence degraded by a comparison, and that, too, by medical men, with a system of trickery and humbug which is adroitly pushing its way into almost every community. We refer, in these remarks, to a new system of practice, the merits of which are set forth in handbills, and advertised in newspapers, in many sections of the country, especially in western New York and Ohio; a "*German system*," "*Uroscopian practice*," as it is styled by its advocates. So long as this system was confined to ignorant and irresponsible persons, it deserved not even a passing notice from the profession. But when respectable (?) physicians become its advocates and assert its superiority over what they term the "old school," it is time that the profession should awake, at least enough to cast off the extraneous matter with which it is encumbered.

What, then, we ask, is this new system, this "*Uroscopia*," of which there is so much boast from members of the profession? We cut the following from the handbill of one of these German doctors. "Those wishing to consult him, will recollect that he describes disease by the urine; which must be brought in a clean, two-ounce vial, with the name and age of the patient, as a record is kept of all cases described." This, then, is the "head and front" of the whole matter; unequivocally and undeniably a pretension to describe every form of ill that flesh is heir to, by an examination of the urine, of which examination, as will be subsequently shown, ocular inspection forms the principal, and in most cases the only part. From another advertisement of a company formed with a regular practising physician, we learn, that their "medicines are principally from the *vegetable kingdom*, and safe in all conditions in life;" thus at once catering to an unfounded prejudice in order to obtain popular favor.

It is not always an easy task to trace error to its source, or to determine the circumstances under which it originated. Almost every system of empiricism has just enough of truth incorporated with error, to hold its tottering fabric together, and when it is further covered over with the specious reasonings of its advocates, it may be difficult to strip it of its false covering, and expose it in such a manner that the public may see its deformity. In regard to the system of charlatanry under consideration, it appears to be a reproduction of one of the grossest systems of fraud and imposture that was ever practised upon a credulous public. During the last century, "water doctors" were numerous in Great Britain and on the Continent, who drew after them eager crowds of the most gullible. Butler thus describes one of them.

"To whom all people, far and near,  
On deep importances repair;  
When geese and pullen are seduc'd,  
And sows of sucking pigs are chow'd;  
When murrain reigns in hogs or sheep,  
And chickens languish with the pip;  
When butter does refuse to come,  
And love proves cross and humorsome;  
• To him with questions and with urine  
They for discovery flock, or curing."

The famous Dr. Hornbook, it seems, was not ignorant of the art. Burns tells us that



"E'en them he canna get attended,  
Although their face he ne'er had kenn'd it,  
Just — in a kailblade and send it;  
As soon's he smells't,  
Baith their disease and what will mend it,  
At once he tells't."

The popularity of these water doctors, however, soon gave way, and some new humbug in its turn occupied the attention of the public.

It is well known to those of the profession who take pains to inform themselves, that within a few years the state of the urine in diseases, especially of the urinary organs, has been made the subject of careful investigation. Physicians and chemists, distinguished for their accuracy in analytical research, have published their investigations into the nature of urinary deposits, and whether practical results will ever follow to the full extent of their researches, it is certain that very important additions have been made to our knowledge of urinary diseases; and the physician who should neglect to examine carefully the physical and chemical properties of the urine in those diseases, would not only deprive himself of important means of diagnosis, but would exhibit a degree of indolence and carelessness incompatible with the successful practice of his profession.

It is, however, to the publication of their researches upon the nature of urinary deposits, that the origin of the present system of "uroscopia" must be referred. The "water doctor" re-appears under a German cloak, propped up by a little smattering of these researches, and if he has not "stolen the livery of the court of heaven to serve the devil in," he has certainly stolen the livery of science to humbug and fleece the public.

But, we may ask, do these "uroscopian" doctors possess important means of diagnosis, which they conceal from the profession and the world? Are they able accurately to diagnosticate disease? We believe not, and think we have evidence to convince the most credulous followers of this system, that in no case of actual disease are they able to give a definite and clear diagnosis; that their description is only a general and confused statement, giving some symptoms that are common to almost all complaints, but furnishing no accurate knowledge upon which to found a successful course of treatment.

There is a large class in every community, who are always full of imaginary ills, and who experience the greatest difficulty in determining the nature of their malady; who are constantly shifting from one patent nostrum to another, and whose ailment changes with every shift of the wind. These individuals think themselves never so fortunate as when they find some one who professes to describe their case, and they yield implicit confidence to the first empiric who will humor their caprices, and give their fancied ills a "local habitation and a name." The more unintelligible and technical the better, as it furnishes to their minds the more evidence of the superior knowledge and skill of their adviser. There is also an opinion universally prevalent in the community, that the *liver* is the cause of most, if not quite all, of the diseases with which poor mortals are afflicted. No other organ possesses a tithe of the importance with which the liver is invested in the opinion of the multitude. The public, and even many of the profession, seem not to be aware that this

organ is seldom found diseased in *post-mortem* examinations. (We mean in this climate, and in country practice.) And what are called functional diseases, are as rare as they are indefinite.

These harpies, taking advantage of the popular delusions here referred to, sagaciously contrive to satisfy the patient by the use of very general and equivocal terms, that they have actually given him a profound description of his case. In a word, the silly patient imagines that the doctor, while looking into his "two-ounce vial," is peering mystically into his inward parts, and is fully qualified to reveal the mysterious nature of his disease. In most of the cases, especially those which are called chronic, which have fallen under the writer's observation, the "liver" has been the organ mainly affected. It has had either too *much* bile or too *little*, or its circulation is obstructed; but most usually, "it does not perform its proper functions." The gaping patient and friends sit mute with astonishment, while the *learned doctor* descants upon his "strumous diathesis," talks about the difficulty in the "portal circulation," refers to occasional pain in the head, weakness in the loins, and, if a female, to frequent "difficulty in voiding the urine"!

The writer ventures to assert, from pretty extensive acquaintance with these *urine doctors*, that no case has been produced, where it was impossible that any previous knowledge could be obtained, of which there has been a definite and accurate description of the disease. Cases of hydrocele, necrosis, epilepsy, phthisis, &c., have been examined, and no allusion whatever made in the description to the particular disease under which the patient was laboring. It is the easiest thing in the world to carry on imposition, especially in relation to a subject upon which the credulity of the public knows no bounds. There are many ways in which information may be obtained in relation to a case; and the artful doctor, by leading questions, or by the use of equivocal and very *scientific* terms, which he can interpret to suit his convenience, succeeds in convincing his patient of his wonderful skill. Several cases are known in which the examination was deferred until the doctor had time to make the necessary inquiries.

One of these German doctors located himself near a small watering place, where the "multitude of impotent folk, of blind, halt and withered," were accustomed to congregate, and who after two or three years' practice, is reported to have carried off the handsome little sum of \$12,000! He never occupied more than about three minutes, and usually much less time, in the examination, used no tests, but simply shook the vial and *looked* at its contents. One of his famous remedies was the "*froth of the sea*," which proved to be simply a solution of Epsom salts. The following is a case of his diagnosis. The patient had an attack of inflammation of one ear, from which he was recovering, but was troubled with acidity and flatulence of the stomach. The "doctor" being in the vicinity, was invited by some *officious* person to see him. A few days after, the patient put up his "two-ounce vial" for examination. The following description of the case was returned. "You have *cold inflammation* of the stomach, and *slimy adhesions* of the abdomen." The wife of the patient,



as it was afterwards discovered, who enjoys good health, but who was about three months *enceinte*, had emptied the vial privately and filled it with her own urine. The following is another of his descriptions, which we copy *verbatim et literatim*. "You are afflicted with a Weakly Digestion of the Stomach—and Stopages of the absorbants and a torpid State of the liver—affect of the Nerves—weakness of the back Palpitating of the Heart Pressure of the Brest and lungs—and a Stopage of Pancreas." The patient enjoys pretty good health; her only complaint is chronic catarrh.

One would naturally suppose that a system which carried upon its very front so much absurdity, and bore the marks of such gross imposition, would at once be frowned down by an intelligent public, and that, most certainly, every medical man would treat it with that degree of contempt which it deserves. But to the shame of our profession and of humanity, there are those in our ranks who have become the warmest advocates of this system, and who lose no opportunity for extolling its superiority as an exclusive means of diagnosis. The grossest fraud, however, which these "uroscopian" doctors endeavor to impose on the public, and even on the profession, is the assertion of the identity of their practice with the scientific examination of urinary deposits; differing from the latter only in being "one step in the advance." We believe and think it can be shown that what they so boastingly term "one step in the advance," is only a step from off the battlements of science on to the shaking quagmire of rascality and delusion; and the physician who ventures the step will, sooner or later, find himself sinking into its miry deeps.

But we propose to examine candidly the question—How far can a physical and chemical examination of the urine be available in diagnosis?

In the first place, we remark that urinary diseases are met with much more frequently in cities and large towns than in country practice; especially in the cities and towns of England. The free use of ale and porter, and the high living in which John Bull indulges, render him peculiarly obnoxious to calculous formations. Hence English physicians were the first to lead the way into this important branch of pathology, and the names of Prout, Brodie, Willis, Christison and Bird, stand conspicuous in the list of urinary pathologists, whose researches have enriched the domain of science.

But are we able, with the full results of the labors of these eminent men before us, to diagnosticate any urinary disease with unerring certainty? In order to predicate disease from any one symptom, it must be shown that, that particular symptom occurs always in that particular disease, and never in any other. To be pathognomonic, it must be invariable. Now every intelligent physician knows that there are but very few such symptoms, which, alone, can be relied upon in the diagnosis. He knows that, in order to arrive at a definite knowledge of any case, he must carefully investigate all the symptoms. No organ must be passed over in his survey. In relation to diseases of the urinary organs, it is true that by a physical and chemical examination of the urine, he may determine the nature of the deposit, whether it is lithic or uric acid, or some of their

compounds ; yet he cannot tell the condition of the system or of the particular organ upon which the deposit depends. No one of the writers above mentioned pretends to describe a case even of urinary disease fully, by an examination of the urine. Dr. Bird, in speaking of uric acid and its compounds, and of the solvents in common use, says, " We must never lose sight of the great importance of endeavoring to remove that pathological state of the whole system, or of any particular organ, which may be the exciting cause of the calculous formation. *Nothing but a careful investigation of symptoms* can put us in possession of the knowledge necessary for this purpose. (p. 100, 1 Lond. Ed.)

Here, then, we have one of the latest writers on urinary deposits, stating distinctly, that a careful investigation of all the symptoms in the case, is necessary to the successful treatment of it. The same deposit is often mentioned as occurring in different diseases, requiring totally different treatment. Dr. Bird, in speaking of the coloring matter called purpurine, further says, " I think I have received some assistance in the diagnosis of dropsy," &c.—thus giving the whole matter a subordinate place, as affording only some *assistance* in the diagnosis. And yet this is the book which some of these " uroscopians " have the effrontery to show to the public as embodying their system of practice.

But if the examination of the urine is regarded as affording only auxiliary means of diagnosis in urinary diseases, it certainly must afford much more equivocal evidence in diseases of other organs, and in general affections of the system. To claim that the latter is identical with the former, is as absurd and extravagant as would be the course of a man who should set up the pretension to determine all diseases by an examination of the patient's saliva, and claim his system to be identical with an examination of the expectoration in pulmonary complaints !

But we have already pursued this subject farther than we at first designed ; we therefore take leave of it with a single remark. We regard the examination of the urine of great importance in disease ; we would not neglect it in any case where the diagnosis is involved in obscurity ; but we deny that these " uroscopians " have the ability to make such an examination as would afford results satisfactory to an intelligent physician. They content themselves usually with a few minutes of ocular inspection, sometimes add a little nitric acid, and at once proceed to unravel the mysterious concatenation of morbid sympathies and disordered functions ! We regret that our profession numbers any who have so little regard for its liberal character, as to abandon the honorable practice of it for the prospect of worldly gain.

*March, 18 47.*

#### THE PATENT LETHEON—JACKSON AND MORTON'S SPECIFICATION.

[Communicated for the Boston Medical and Surgical Journal.]

It has been repeatedly said that Dr. Jackson is not concerned in the Patent for the Letheon ; that Mr. Morton alone has taken out the Letters



Patent, and that whatever interest Dr. J. may have in it, arises out of some private contract between them. But it now appears that Dr. J. is really one of the proprietors—that the patent is issued in favor of Jackson and Morton conjointly.

The question has been asked, probably by every member of the profession, “what is patented?” I put the question, the other day, to a gentleman in Boston, who ought to know, and he replied, “The inhalation of the letheon by means of a valvular apparatus.” This answer is far from satisfactory, for the same effect may be produced by inhalation of the vapor, without any valvular apparatus at all. If the “apparatus” is an essential part of the patent, the use of a different apparatus would enable any one to evade the penalty of the law. Have they patented the production of insensibility to pain by the inhalation of etheric vapor? No. A physician may administer the vapor, and produce insensibility to pain, with or without the valvular apparatus, without infringing upon the patent. He may administer it for the headache, the heartache or the bellyache, for tic douloureux, asthma or hysterics, and the patent will not reach him. Indeed, I am not quite sure that the patent will reach him if he uses the vapor in reducing dislocations or hernia, or in any operation in which “the knife or other instrument of operation of a surgeon” is not used.

What, then, is the precise thing patented? I answer, the combining with surgical operations the application of ether, or the vapor thereof. This is the whole thing. The use of it in the practice of medicine, by inhalation, is not patented, nor in surgery even, except when connected with operations. They claim the right to use an old and well-known medicine to produce a given result, in the treatment of certain cases. The principle, then, is, that a member of the profession, if he discover that a certain effect may be produced by any remedy or agent in common use, when used in a specified manner, in a certain case or class of cases, which effect had not (to his knowledge) been previously produced by said remedy or agent, he may secure to himself, by patent, the use of said article for producing this specified effect. For instance, should I discover that tinct. digitalis would cure Dixon Lewis, and others similarly affected, of excessive obesity, as it probably would, I might patent the use of tinct. dig. in such cases. If I discover that hydriod. potassæ, applied in a particular way, will cure dry scab, or scurfy eruptions of the skin and scalp, I may patent this particular use of it, in this class of cases, and require my brethren to pay me a stipulated sum, or a certain per cent. of the fees they may receive, for the right to use it in such cases. Should I discover that tinct. cayenne pepper and tinct. opii, combined in certain proportions, will cure the cholera, I may claim the sole right to use them in cholera, however many persons may be dying around me for the want of them. If some *Yankee* were now in Bagdad, with a few gallons of these tinctures, with their use secured to him by a patent, would not he coin money?

The use of a known remedy to produce a particular effect in any given branch of professional practice, or in the treatment of a given class

of cases, is the principle involved. This, so far as I can discover, from a careful examination of the specification, is the exact principle implied in it. As to the rectitude of this principle, professionally, socially or morally, I say nothing. Each one can judge for himself. I believe the illustrations I have used above are correct and appropriate—that is, if surgery and the practice of medicine are parts of one and the same profession. If surgery is a mere mechanical operation, and is to take its place in the same category as other operations in mechanics, then the case is altered. Success in the mechanic arts depends, not only upon the skill with which their processes are accomplished, but often upon the processes themselves, and when a man invents a process by which the same result can be accomplished better than before, he is permitted, by common consent, to enjoy the benefit of his invention for a limited time. If surgery puts in the same claim for its inventions, let it be divorced from the liberal professions—from the “humanities,” and hang out before its office doors, as in the days of Ben Jonson, a staff wound with a red tape, as a *sign* that “surgery is done here.” We all know the origin of the barber’s pole; and, Mr. Editor, there is a more close connection between surgery and barbering, than one would at first imagine. Many of the operations of *surgery* are *barbarous*, and the operations of *barbering* are often surgical. Indeed, many a poor wight would consider it no small alleviation of one of the miseries of human life, could he inhale the letheon before submitting to the most common operations of barbering. Mem. Barbers may use the letheon without infringing upon the patent. With the above remarks, which have extended much farther than I intended, I send you a copy of the specification, which has recently come into my hands, thinking it will gratify the curiosity of many of your brethren.

Yours, S.

March, 1847.

“*The United States Patent Office.*—To all persons to whom these presents shall come, greeting: This is to certify, that the annexed is a true copy upon the records of this office, of the specification of Jackson and Morton’s Letters Patent, dated 12 Nov., 1846.

“In testimony whereof, I Edmund Burke, Commissioner of Patents, have caused the seal of the Patent Office to be hereunto affixed, this twelfth day of February, in the year of our Lord one thousand eight hundred and forty-seven, and of the Independence of the United States the seventy-first.

EDMUND BURKE.”

*The Schedule referred to in these Letters Patent, and making part of the same.*

To all persons to whom these presents shall come: Be it known, that we Charles T. Jackson and William T. G. Morton, of Boston, in the County of Suffolk and State of Massachusetts, have invented or discovered a new and useful improvement in surgical operations on animals, whereby we are enabled to accomplish many, if not all operations, such as are usually attended with more or less pain and suffering, without any or very little pain to, or muscular action of persons who undergo the



same; and we do hereby declare that the following is a full and exact description of our said invention or discovery.

It is well known to chemists that when alcohol is submitted to distillation with certain acids, peculiar compounds, termed *ethers*, are formed; each of which is usually distinguished by the name of the acid employed in its preparation. It has also been known that the vapors of some, if not all these chemical distillations, particularly those of sulphuric ether, when breathed or introduced into the lungs of an animal, have produced a peculiar effect on its nervous system; one which has been supposed to be analogous to what is usually termed intoxication. It has never (to our knowledge) been known until our discovery, that the inhalation of such vapors (particularly those of sulphuric ether) would produce insensibility to pain, or such a state of quiet of nervous action as to render a person or animal incapable to a great extent, if not entirely, of experiencing pain while under the action of the knife, or other instrument of operation of a surgeon, calculated to produce pain. This is our discovery, and the combining it with or applying it to any operation of surgery, for the purpose of alleviating animal suffering, as well as of enabling a surgeon to conduct his operations with little or no struggling or muscular action of the patient, and with more certainty of success, constitutes our invention. The nervous quiet and insensibility to pain produced on a person is generally of short duration; the degree or extent of it, or time which it lasts, depends on the amount of ethereal vapor received into the system, and the constitutional character of the person to whom it is administered. Practice will soon acquaint an experienced surgeon with the amount of etheric vapor to be administered to persons, for the accomplishment of the surgical operation or operations required in their respective cases. For the extraction of a tooth the individual may be thrown into the insensible state, generally speaking, only a few minutes. For the removal of a tumor, or the performance of the amputation of a limb, it is necessary to regulate the amount of vapor inhaled, to the time required to complete the operation. Various modes may be adopted for conveying the etheric vapor into the lungs. A very simple one is to saturate a piece of cloth or sponge with sulphuric ether, and place it to the nostrils or mouth so that the person may inhale the vapors. A more effective one is to take a glass or other proper vessel like a common bottle or flask. Place in it a sponge saturated with sulphuric ether. Let there be a hole made through the side of the vessel, for the admission of atmospheric air (which (*hole*) may or may not be provided with a valve opening downwards, or so as to allow air to pass into the vessel), a valve on the outside of the neck opening upwards, and another valve in the neck and between that last mentioned and the body of the vessel or flask, which latter valve in the neck should open towards the mouth of the neck or bottle. The extremity of the neck is to be placed in the mouth of the patient, and his nostrils stopped or closed in such manner as to cause him to inhale air through the bottle, and to exhale it through the neck and out of the valve on the outside of the neck. The air thus breathed, by passing in contact with the sponge will be charged with the

etheric vapors, which will be conveyed by it into the lungs of the patient. This will soon produce the state of insensibility or nervous quiet required.

In order to render the ether agreeable to various persons, we often combine it with one or more essential oils, having pleasant perfumes. This may be effected by mixing the ether and essential oil, and washing the mixture in water. The impurities will subside, and the ether, impregnated with the perfume, will rise to the top of the water. We sometimes combine a narcotic preparation, such as opium or morphine, with the ether. This may be done by any ways known to chemists, by which a combination of etheric and narcotic vapors may be produced.

After a person has been put into the state of insensibility, as above described, a surgical operation may be performed upon him, without, so far as repeated experiments have proved, giving to him any apparent or real pain, or so little in comparison to that produced by the usual process of conducting surgical operations, as to be scarcely noticeable. There is very nearly if not entire absence of all pain. Immediately or soon after the operation is completed, a restoration of the patient to his usual feelings takes place, without, generally speaking, his having been sensible of the performance of the operation.

From the experiments we have made we are led to prefer the vapors of sulphuric ether to those of muriatic or other kinds of ether, but any such may be employed which will properly produce the state of insensibility without any injurious consequences to the patient.

We are fully aware that narcotics have been administered to patients undergoing surgical operations, and, as we believe, always by introducing them into the *stomach*. This we consider in no respect to embody our invention, as we operate through the *lungs and air passages*, and the effects produced upon the patient are entirely or so far different as to render the one of very little, while the other is of immense, utility. The consequences of the change are very considerable, as an immense amount of human or animal suffering can be prevented by the application of our discovery.

What we claim as our invention is the herein before described means by which we are enabled to effect the above highly important improvement in surgical operations, viz., by combining therewith the application of ether or the vapor thereof substantially as above specified.

In testimony whereof, we have hereunto set out signatures this twenty-seventh day of October, A. D. 1846.

Witnesses,

R. H. Eddy,  
W. H. Leighton.

CHARLES T. JACKSON,  
WM. T. G. MORTON.

#### SPEEDY UNION OF FRACTURED BONES IN AN AGED FEMALE.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—On the 25th of January last, I was called to visit Mrs. B., aged 94 years, who had received an injury from a fall some hours before.



Upon examination, I found a fracture of both the small bones of the right limb; of the tibia, about two inches below the knee, and of the fibula, a little lower. From the fact that she was suffering from partial paralysis of the right side, and her advanced age, there seemed but little prospect that a union of the broken bones would ever be effected. However, I placed the broken ends of the bones in apposition, and retained them there by a many-tailed bandage, and suitable splints. For a week or more she experienced much pain from the spasmodic action of the muscles, and the inflammation and soreness of the limb. At the end of the third week, the inflammation and swelling had entirely subsided. On my next visit, eight days from that time (February 23), I found that osseous union of considerable strength had actually taken place. Since then, her recovery has been rapid, and the foot can be placed upon the floor, and the limb moved with ease. And what may be considered somewhat remarkable, she can now use her right hand in helping herself to food, which she could not do before the accident. Respectfully,

*South Glastenbury, Ct., March 15, 1847.*

ROSSELL HAWLEY.

#### INHALATION OF ETHEREAL VAPOR FOR MITIGATING HUMAN SUFFERING IN SURGICAL OPERATIONS AND ACUTE DISEASES.

By N. C. Keep, M.D., D.D.S.

[Communicated for the Boston Medical and Surgical Journal.]

**THE** ether must be perfectly pure. The ether of the shops has probably answered the purpose for which it has been used heretofore, but is wholly unfit for inhalation. The specimens I have examined contained a large percentage of alcohol, and some sulphuric acid. These and all other impurities must be removed by careful washing before the article can be depended on for producing the desired results, or even be safely administered.

**Apparatus.**—It is known that a perfect and entire state of insensibility was produced several years since by applying a pocket handkerchief to the nose, which had been saturated with sulphuric ether. This was the mode, as I understand, recommended by Dr. C. T. Jackson when he suggested the use of the ether to Dr. Morton. For greater convenience an apparatus was contrived. Many individuals made suggestions respecting the mode of constructing it. The first that was made answered the purpose, and improvements were left to the manufacturers of philosophical instruments.

The apparatus should have a reservoir, a mouth-piece of convenient shape, and a valve near it, admitting the vapor freely from the receiver to the mouth and lungs, but perfectly preventing the expired gases from again entering it. The reservoir should have two openings for admitting the atmosphere, one at the farther extremity of the reservoir to admit the atmosphere at the lower part of the reservoir, in order to insure a more perfect mingling of the same with the vapor of ether, which is two and a half times its own weight. The other, which may be half an inch in

diameter, fitted with a ground-glass stopper, should be placed as near the valve and mouth-piece as convenient, and is designed only to be used when the pressure of the vapor of the ether prevents the requisite quantity of atmospheric air from entering and passing through the reservoir.

I do not allow the large aperture for admitting air to be closed by a spring valve; the operation of which I have found to be unequal, but leave an opening according to the temperature, seldom less than half a square inch, and sometimes a full square inch. All the bad symptoms I have seen, I am satisfied were produced by a deficiency of atmospheric air, or bad ether. As the vapor of the ether and atmospheric air are mingled at the time they are used, the proportions of each would vary greatly in the same apparatus at different temperatures. At  $80^{\circ}$  it might be difficult to introduce and pass through the reservoir atmospheric air enough to prevent suffocation. At  $34^{\circ}$  the vapor of the ether would be deficient, and insensibility to pain would not be produced.

Having the apparatus made to answer the purposes above described, place one thickness of linen diaper in the receiver resting on the base. Two or three tablespoonsful of the purest sulphuric ether being introduced into the reservoir, the *temperature* of the apparatus must receive *special attention*. According to Dr. Ure, the elastic force of the vapor of ether at  $34^{\circ}$  is equal to sustaining a column of mercury of 6.20 inches; at  $64^{\circ}$ , 13 inches; and at  $84^{\circ}$ , he found the elastic force equal to 20 inches.

A convenient standard of temperature, to be shown by a thermometer connected with the instrument, would greatly aid the operator, and insure uniform success; as by the temperature the power of the ether is and can be known, regulated and controlled, and asphyxia, or failure, of course avoided. This I regard as very important.

During the cold season I have kept my apparatus and ether out of doors, and thus saved myself, family and patients from the constant presence of the vapors. On taking the apparatus in, I have it freshly charged with ether. After the patient has commenced inhalation (which should be done while the apparatus is cool) I raise the temperature suddenly by applying a towel dipped in hot water to the receiver. If the apparatus has been only a few minutes closed and kept in a warm place, the vapor of the ether will be suffocating, and requires to be diluted by admitting air near the mouth-piece, though when used cold, as above, the small opening is not needed.

I would specially urge all who administer the vapor of ether to observe the most punctilious neatness in all their arrangements. While a clean, freshly charged apparatus is rather agreeable to most patients, one which has been neglected is exceedingly repulsive, and to many absolutely intolerable.

I have discontinued the use of sponge on account of the partial decomposition it undergoes when immersed in ether. Cotton and linen cloth soon become musty if left, but by having the apparatus washed and a clean piece of cloth of porous texture introduced each day, no decomposition will be apparent.

In the last 200 cases (nearly all highly intelligent persons, capable of



accurate observation) I have not known one who was not conscious of existence, of time, and of the operation that was being performed, but though the intellect was nearly or quite undisturbed, the sensibility to pain has been uniformly greatly diminished, and generally entirely lost.

I have extracted teeth for persons of all ages, from 6 to 60. One individual has taken it five times, with several days interval between each operation, and had two teeth extracted each time. A lady who suffers severely from palpitation of the heart, and has usually been very faint when she has had a tooth extracted, inhaled the vapor and had two extracted without any unfavorable symptoms. I have destroyed the entire nerve of the tooth for a number of persons while under the influence of the vapor, filling the canal of the nerve with gold as soon as I felt sure that there would be no bleeding, and then filling the carious cavity in the usual manner. Thus far all these cases have been successful, and free from inflammation, so common when the nerve of a tooth has been destroyed by arsenic.

I am firm in the belief that this will be a valuable addition to dental surgery, for I am fully persuaded that this is a better mode of treating these cases than any we have yet been acquainted with.

On the night of the 18th I was called to administer the vapor of ether to a particular friend of mine (under the direction of Dr. Homans, his family physician, and Dr. Ware) who was suffering intense pain in the abdomen. The particulars of this case, so full of interest, will be given to the public by Dr. Ware.

I entertain the opinion that the inhalation of vapor of ether, when administered in a proper manner, by a person understanding it, and capable of regulating its quantity and power, as every person using it should be able to do, is safe, and will greatly mitigate, and in most cases take away all pain in dental and surgical operations, and that it may be relied on for relief in most cases of intense physical suffering from acute disease of short duration.

I make this communication at the suggestion of no one, and I have no interest to serve, that I am conscious of, other than that of giving to the public the results of my own observations.

*Boston, April 3, 1847.*

---

#### MASSACHUSETTS GENERAL HOSPITAL AND THE McLEAN ASYLUM.

[Communicated for the Boston Medical and Surgical Journal.]

THE trustees present for the last year an exceedingly favorable report of these institutions. In both the income has exceeded the expenditures, leaving a balance to be appropriated for increased comforts and advantages. It appears that one of the new wings of the Allen St. Hospital has been completed and is now occupied. One who visits the house cannot fail to be struck with the neatness with which the wards have been finished and the conveniences with which they are furnished. But—there is apt to be a *but* everywhere—we are equally struck with the great mistake, made by some one, in arranging the apparatus for warming and ventilating the house. It is to be regretted that the Committee of the Trustees “call the attention of the Corporation to the improved

means of ventilation," as it gives one the impression, that if not perfect, the ventilation is very good. Now this is far from being the case. A properly ventilated house should be free from unpleasant odors. This is not always the case at the Hospital. We were engaged, with a friend, some three or four years ago, in examining the new flues and furnaces that had been put into one of the old wings, which were of the same sort as the present, and we recollect the prediction made then, that probably the officers of the house would not always find it free of erysipelas and other disease engendered by ill ventilation. This prediction we repeat now. Air enough is probably admitted to the wards, at that time more than enough was brought in, but it was and is so introduced that the patients cannot have the full benefit of it. If a grain of gun powder were flashed in the flue entering one of the wards, the course of the smoke would show the course of the admitted air, and unless we are marvelously mistaken, it would be found to hang round the room, as the foul air does, mixed with pure air. We are sorry that this is the case, and sorry, if to the new east wing of the house the same means are to be applied, in the same way. It is always best to do business right at first; it certainly is as cheap. It is better for the patients, for, after being told how well any new plan will succeed, and on being disappointed, men are apt to doubt the advisability of following any plan. At one of the insane asylums in this country, the physician was virtually advised against the adoption of any means of ventilating his house.

The lecture room of the Hospital will hold about two hundred students, perhaps more (it is not a large room for this number), and here, two or three times a week, a professor sits and lectures upon the causes and treatment of disease, while before his nose is the effluvia arising from sweating, and sometimes not the cleanest, of bodies. What is to carry off all this? Why a hole not eighteen inches square, and that in such a position that it cannot act to its full power. It is not possible that the Physicians of the Hospital had any voice in this matter. The offence is too rank to be charged upon men of any scientific knowledge.

There are other buildings in the city which need improvement in this respect.

Of Dr. Bell's report we can only speak in praise. He has none of the long-drawn tables comprised in the pages of the reports of some institutions, and from which, with pencil and paper, you can derive no knowledge. "Of those discharged the best judgment we can form is, that 65 have recovered, 9 have died, and the remaining have been dismissed, in accordance with the necessities or decisions of friends, in various conditions, entered on the register under the head of *much improved*, *improved*, *not improved*, *unfit*, and, after various periods of residence, from a number of years to a single night."

We are satisfied that the Asylum is in able hands, and if its statistics are not so imposing as those of some other institutions, its success is quite as great.

MOXA.

April 1, 1847.



---

 THE BOSTON MEDICAL AND SURGICAL JOURNAL.
 

---

 BOSTON, APRIL 7, 1847.
 

---

*Profits of Medical Practice.*—Do medical practitioners succeed as well in the accumulation of wealth by their professional efforts, as men in the practice of law, in trade, and in mechanical pursuits? The fact is obvious that some are rich, but many have maintained an unequal contest with poverty through a long life, on short rations and in a fatigue dress. No one willingly admits that the great end in view, in the practice of medicine, is the base one of getting gain. There is a kind of hypocritical cant in conversational intercourse, and sometimes in medical writings, about the high and noble purpose of doing good, by the practice of physic, which is far above all the vulgar considerations of fees or fatness. That it is a profession in which an opportunity is presented for exercising the natural philanthropic yearnings of the human heart, chastened and heightened by a profound sense of christian duty towards suffering humanity, must be admitted; but to pretend that a man takes upon himself the ceaseless labors of a medical practitioner for no other earthly motive than to prescribe drugs, as the greatest of earthly blessings, is positively ridiculous, besides being untrue. Such a physician would fain make it appear that his charities were in proportion to the weight and measure of his doses. The fact is simply this, that the practitioner of medicine has a stomach to be filled, a body to be clothed, and in most cases a family to maintain—and a variety of relations which he bears to the whole community, renders it positively necessary that he should conform to the usages of civilized society. To do so there must be an adequate income from some source to meet the expense of being a part and parcel of the general population. But very few medical practitioners, in this country, begin life with property; those who have that advantage, rarely trouble themselves about the details of practice—unless it is for the purpose of maintaining a family position. In such instances, the heir-loom is the profession, because personal influence has its origin in the talismanic idea, so far as the public mind is concerned, that professional knowledge is transmitted from generation to generation, like an entailed estate.

In looking into the individual history of all orders of physicians, the conclusion is irresistible, that they are not as successful in the gathering up of property as gentlemen of the law, merchants, or active, bold, operating mechanics. The fees of lawyers are regulated either by special law, bar rules, or custom, in a manner that secures to them every fraction of their dues—so that a loss by bad debts in their business, would be an almost unprecedented event. Merchants and mechanics most generally, in their bargains, both require and give security, without giving offence; but the physician goes wherever called, not knowing whether he is to be paid or not. His losses, therefore, are immense in the course of a life of medium length. His capital is earning nothing unless he renders a personal service. Every physician is satisfied that one half of his practice, at least, is utterly lost, and perhaps more. If he makes himself comfortable in the possession of property for old age, it is usually accomplished by some collateral contrivance,

and not by the income of his profession. Therefore, the vulgar impression that the practice of medicine is a profitable business, is not true, with the mass of the profession. There are prominent instances of individual wealth in our ranks; but the number of physicians who have made themselves rich by legitimate practice is so small, as hardly to be recognized either in town or country.

---

*Stockton & Co.'s Dental Intelligencer.*—This monthly, in numbers of 28 pages each, appears both here and in England, having an editor in each country. Its leading article for March, is quite racy. Without dosing the editor of the Medico-Chirurgical Review and Journal of Practical Medicine, with letheon, Stockton & Co. cut down upon his vital parts *sans ceremonie*, and then leave him to wince and agonize under their inflictions, without the least apology for their unsympathizing operation. It will not answer to treat these gentlemen of the art dental, with neglect, since they crush and grind between their teeth those who have offended them, as though they loved to pulverize their enemies.

Dentistry has assumed a position in the United States that commands the respect of thinking, scientific men; and it is evident, too, that far greater advances have been made here in every department of that profession, viz. the science, literature and mechanical subdivisions of the business, than in any part of Europe. They have a right, therefore, to complain when treated with neglect by those who should be first and foremost in acknowledging their just claims to distinction. Excellent treatises, several admirably conducted journals, one or two dental colleges, and, likewise, the *ne plus ultra* of workmanship in gold, in the manufacture of artificial teeth, in filling, and, better than all, the united efforts of the whole body of respectable operative dentists in the States, to put down quackery in their profession, and furnish the people with workmen qualified in all respects to serve them properly, calls for our thanks, and we are always happy to acknowledge their claims to the respect and consideration of all who are interested in an important department of the health and well-being of the community in which we live.

---

*Boston Lying-in Hospital.*—Valuable as this institution proves to be, the locality is exceedingly objectionable, and some effort should be made to bring it down into the heart of the city, where it should have been placed at first. The land might be sold to good advantage, and the money expended equally advantageously in the purchase of a large, convenient house nearer to the centre of population. There are several large, quiet estates in West Street, for example, sufficiently spacious, having good, airy apartments, that can never be procured on easier terms than at the present time. As the patients are not all on charity, but pay a small fee, probably the patients would be quadrupled were the establishment down in town. It would also better accommodate the directors, the physicians, and every person, in fact, who has any connection with it.

---

*Children's Infirmary in Boston.*—Although but just organized, it is evident that this institution is precisely what is needed in this densely peopled metropolis, and it is already appreciated by those for whose benefit it was



established. Dr. Lawrence certainly shows to the community, by the most unequivocal testimony, that he is a philanthropist, since he boards, clothes, nurses, prescribes and finds medicine for all the patients who enter the infirmary. May he long live to follow the example of his excellent father, whose purse is always open to the deserving poor who have none of their own.

---

*Chinese Physiology.*—"In medicine," says Mr. Williams, in his lecture on China, "the Chinese practice is better than their theory. The knowledge of some drugs enables them to effect occasional cures; but the Chinese have never dissected the human frame, and therefore know nothing of its anatomy. They assert that the food goes through the heart to the stomach, —and further, that there are three avenues through the body!" No wonder American physicians are in demand in the central, flowery Nation. Dr. Parker's surgical operations, in novelty, boldness and success, demonstrate his qualifications, while they show that his patients bear the knife like oysters.

---

*Ether in the passage of Gravel.* (Communicated by Dr. Ware, to the Boston Society for Medical Improvement.)—The inhalation of sulphuric ether was recently employed, in this city, for relief of the pain attendant on the passage of a renal calculus through the ureter, in a case under the care of Drs. Homans and Ware. The patient, a gentleman of about fifty years of age, was convalescent from pleuro-pneumonia, having still some pain in the side, cough and bloody expectoration. About seven in the evening, immediately after an evacuation from the bowels, he was seized with intense pain, in a spot on the left side, midway between the umbilicus and the crest of the ileum. Elixir of opium was given in the course of an hour and a half, to the amount of 400 drops; several enemata were administered, and various local applications were made, with but slight alleviation, and the suffering was still of the most severe description.

At a quarter before nine, the ether was administered by Dr. Keep. The patient did not become at any time entirely insensible, but was very soon comparatively easy, and remained so as long as the influence of the remedy continued. As soon as pain returned, he requested a repetition of the inhalation, and was again relieved. The pain still returned, from time to time, as the influence of the ether subsided, but was kept under by a renewal of the process until three o'clock in the morning, when the patient became so easy, that it was no longer necessary. During this period, of about six hours, there were thirty repetitions of the operation which were counted, besides several others which were not.

There was no subsequent return of the pain, and no inconvenience whatever was experienced. The pain in the side and bloody expectoration almost immediately ceased; and the patient states, that a pain, to which he has been subject for many years, when lying on the left side, has left him since the inhalation.

The following practical inferences seem worthy of being noticed in connection with this case.

1. That a pain of this description, which is not relieved by large doses of opium, may be mitigated by inhalation of ether, without suspending that natural course of things by which its cause will be sooner or later removed.

Hence this remedy may be applicable during the passage of a biliary calculus, in colic, other cases of spasm, and, perhaps, in some cases of even natural labor.

2. That an individual may be kept under the continued influence of ether, for a long period of time, with safety.

3. That the inhalation is not necessarily irritating to even diseased lungs, and that the presence of considerable disease in them does not constitute an objection to its use, when circumstances demand it.

The practical bearing of these inferences is not affected by any doubts as to the accuracy of the diagnosis. Even were the medical attendants wrong in their judgment on this point, which is very possible, it is not the less true that the patient was speedily and for a long time relieved of intense suffering, that the cause of the pain was during this time removed, and that no subsequent ill effects were the result.

*Boston, April 2, 1847.*

*New Professors in Harvard University.*—We learn that the Corporation of Harvard University, since the resignation of Dr. Warren, have appointed three new professors, two of whom are to be attached to the Massachusetts Medical College in Boston, and one to the University at Cambridge. The new incumbents are, Oliver W. Holmes, M.D., Professor of Anatomy and Physiology;\* John B. S. Jackson, M.D., Professor of Pathological Anatomy, and Curator; and Jeffries Wyman, M.D., Hersey Professor of Anatomy at Cambridge.

All the above gentlemen are well known to the public as working men, who by their own talents and persevering industry, have raised themselves to the head of the departments in science which they are respectively to teach. Dr. Holmes is eminently distinguished in our medical community as a talented and eloquent lecturer, and an accomplished scholar and man of science. He has been for ten years a successful teacher of anatomy and physiology in the Tremont Street Medical School, and was two years a professor of the same branches in Dartmouth College. Dr. Jackson, as a pathological anatomist, has no superior in the United States. The medical profession owe him much for many years of unrequited labor, which nothing but an ardent devotion to science for its own sake, could have sustained. The rich collection of morbid anatomy of the Society for Medical Improvement, and its forthcoming descriptive catalogue, are mainly indebted to him for their existence. Dr. Wyman is our best comparative anatomist, and has filled with great credit the Chair of Professor of Anatomy in Richmond, Va., for the last two years. He will form an important acquisition to the new scientific school about to be established at Cambridge. We are gratified that the choice of the Corporation has fallen on candidates in whose favor we believe the general suffrage of the medical profession in Massachusetts would have cordially united.

*Tennessee Delegates to the Medical Convention.*—At a recent meeting of the Medical Society of Tennessee, it was resolved to send six delegates to represent said Society in the National Medical Convention which is to meet

\* This is called the Parkman Professorship of Anatomy and Physiology, in honor of Dr. George Parkman, a distinguished benefactor of the Medical School.



in Philadelphia in May next. The names of the delegates are Dr. J. B. Hays of Columbia, and Drs. Stout, Martin and Buchanan of Nashville, Dr. Avent of Murfreesborough, and Dr. Nelson of Davidson County.

*Insensibility during Surgical Operations.*—The Philadelphia Medical Examiner for April, in view of the wonderful success of the inhalation of ether in Europe, has the following remarks on the subject.

"In a former No. we mentioned that a patent had been taken out by two gentlemen in Boston, for the discovery of a mode of rendering patients insensible to the pain caused by severe surgical operations. It was then spoken of as a '*compound gas*,' and since called '*letheon*.' Misled at the time by the name given to the substance employed, we conjectured that it was an ethereal solution of some narcotic. It is now ascertained by numerous experiments, that sulphuric ether alone possesses the virtues claimed for the '*letheon*,' or '*compound gas*,' and hence much of the mystery with which the subject was sought to be enveloped is dispelled, and as we believe it is generally conceded, both in this country and Europe, that the patent is invalid, the repugnance we felt towards any extended notice of the matter is removed, and we shall from time to time notice the experiments and observations made in various parts of the world, confirmatory or otherwise of the good effects of this extraordinary agent."

*Ulceration of the Neck after Scarlet Fever.*—J. David, Esq., M.D., M.R.C.S.E., &c., relates the following case:—"I was requested, on the 10th December, to see a little boy, 6 years old, confined to his bed with scarlet fever; the symptoms were severe, and continued so for a fortnight; a change then took place, his health daily improved; sitting up, and taking light nourishing diet. At this period I noticed a swelling in his neck, which he complained of being painful on pressure. Liniments, fomentations, and poultices, were applied, but it daily increased in size, and eventually came to a point; an opening was made, and about four ounces of the most fetid matter was discharged; the orifice increased in size, being ragged, and of a dark-blue appearance, exposing the jugular vein more than an inch; the coats appeared black, livid and unhealthy. I cautioned the parents not to allow the child to be left alone, and gave them my reasons. My orders were attended to, but unfortunately, whilst the nurse was sleeping, early in the morning, the coats of the vein gave way, profuse hæmorrhage took place, and upon the mother entering the room she found her child dead, deluged in blood, and the nurse comfortably asleep."

---

TO CORRESPONDENTS.—The papers of Drs. Allen and Dow have been received.

---

DIED.—At Louisville, Ky., Dr. Richland Wautyn, by falling from a window of a hotel.—In Ulster Co., N. Y., Dr. Green Miller, 77.—Near Baton Rouge, La., Dr. John C. Williams, 55.

---

*Report of Deaths in Boston*—for the week ending April 3d, 69.—Males, 31—females, 38. Stillborn, 2. Of consumption, 14—lung fever, 3—typhus fever, 5—scarlet fever, 2—diarrhoea, 1—marasmus, 7—dropsy, 2—dropsy on the brain, 3—dropsy on the chest, 2—disease of the brain, 1 hæmorrhage, 1—ravel, 1—apoplexy, 2—infantile, 8—teething, 2—accidental, 1—abscess, 1—child-bed, 3—disease of the heart, 1—inflammation of the brain, 1—inflammation of the lungs, 2—disease of the bowels, 2—pleurisy, 1—inflammation of the bowels, 1—old age, 2.

Under 5 years, 29—between 5 and 20 years, 9—between 20 and 40 years, 15—between 40 and 60 years, 6—over 60 years, 10.

*Harvard University—Dr. Warren's Resignation.*—At a stated meeting of the President and Fellows of Harvard University, in Boston, Feb. 27, 1847,

The President laid before the Corporation the following communication from Dr. WARREN, resigning his professorship.

[Here follows in the records a copy of Dr. Warren's letter.]

Whereupon—

*Voted.* That in accepting the resignation of Dr. John C. Warren, as Hersey Professor of Anatomy and Surgery, this Board is deeply sensible of the important services rendered to the University by Dr. Warren; and holds in grateful recollection the successful exertions made by him, for a period of more than forty years, and in continuance of those of his honored father, to raise the character and promote the interests of the Medical School.

*Voted.* That Dr. Warren be requested to continue in the discharge of the duties of his office till the close of the present academic year.

*Voted.* That the President be requested to communicate to Dr. Warren a copy of the foregoing votes, with the assurance that this Board cordially reciprocates the friendly and respectful sentiments expressed toward the Corporation and the University, in his letter of resignation.

On vote by ballot, Dr. John C. Warren was chosen Emeritus Professor of Anatomy and Surgery in the University, in consideration of his faithful and valuable services as Hersey Professor of Anatomy and Surgery.

A true copy from the record.

JAMES WALKER, Secretary.

*Mortality of London.*—The deaths within the week ending January 23, amounted to 1225, or 157 above the weekly average for the five past winters. Of these, 531 were from diseases of the lungs, 54 from heart diseases, 50 from hooping cough, 28 from typhus, 45 from apoplexy and paralysis, and 65 from natural decay. Electricity positive for the six latter days of the week; weather overcast; mean of thermometer, 32° 6'. Since the commencement of this year, the district of Lewisham and sub-district of Hampstead have become included in "London," which thus comprises an area of 115 square miles, with a population, in 1841, of 1,948,211. The deaths within the bills of mortality henceforth will, of course, be materially more numerous in the aggregate; but they may be expected to be less relatively to the population, the additions to the metropolis (on the line of the Brighton and Birmingham Railways) comprising some of the most healthy districts in its vicinity.—*Lancet*.

*Medical Miscellany.*—A bill to incorporate an Asylum for the Insane has passed the legislature of Indiana.—Recent advices from Asia, speak of the sad destruction of life by the cholera. It has finally reached Oroomiah, but is not quite so destructive, in the first ten days, as at Tabreez and Tehran. Dr. Wright, our correspondent, was actively engaged among the sick and dying.—Word comes that during the whole of the hot weather at Amoy, in China, the public health was unimpaired. Not a single death occurred in the foreign community.—Dr. Smith, of Charleston, S. C., now at Constantinople, has had an audience with the Sultan, and stands well at court.—Mr. Phelps, the artificial limb manufacturer, of Boston, has gone to Europe to perfect himself by learning improvements abroad.



THE  
BOSTON MEDICAL AND SURGICAL JOURNAL.

VOL. XXXVI.      WEDNESDAY, APRIL 14, 1847.

No. 11.

DEATH BY STRYCHNINE—REPORT ON THE CASE OF THE LATE  
DR. W. C. WARNER.

[Communicated for the Boston Medical and Surgical Journal.]

At a late meeting of the Addison County Medical Society of Vermont, the undersigned were appointed a committee to ascertain the facts in the case of one of their members, the unfortunate William Cullen Warner, M.D., of Bristol, who deceased, suddenly, at Montpelier, October 11th, 1846, in the thirty-ninth year of his age, while he was a member of the Legislature.

On account of there having been considerable discrepancy in the published reports in relation to this melancholy event, the committee addressed letters of inquiry to the Hon. Daniel O. Onion, M.D., of the Vermont Senate, and to Charles W. Horton, M.D., Member of the House, each of whom, they had learned, were present during most, if not all, the period of the sudden and tragical event. To the inquiries of the committee each of these gentlemen has given prompt and satisfactory replies, which in substance are here subjoined.

1. In your opinion how much sulphate of strychnia was taken?

To this Dr. Onion answers, "I think probably from one fourth to one half a grain. As he intended to take, and supposed he was taking, morphia, he would be likely to use the same quantity he was in the habit of using of that article, although there was no evidence at the time of the quantity taken." To Dr. Horton, who was called into the room immediately after the accident, Dr. Warner said, "Dr., I have taken by accident an over dose of morphine; help me if you can," at the same time handing him the phial enveloped in paper.

2. How soon after was any effect produced?

Dr. Horton says, "It is my opinion, from facts subsequently obtained from Gen. W. Nash, who occupied the same room with him, that he felt the effects in less than five minutes."

3. What was the first symptom?

Dr. H. replies, "constriction of the throat and tightness of the chest, with rigidity of the muscles in attempting to move." Dr. O. says, "He first complained of a want of air, and requested the window to be raised; whether it was from faintness or a constriction about the respiratory organs, I do not know, although I think the latter."

4. What symptoms ensued from the first till death occurred?

Says Dr. O., "When I first saw him, he was lying upon the bed in a complete *tetanic convulsion*; his head somewhat drawn back; his countenance completely livid, with some frothy matter issuing from his mouth, with frequent moans. The palpebra constantly in motion. This first paroxysm may have lasted some five minutes, which was succeeded by an interval of partial calm." "During this interval," continues Dr. O., "it was somewhat difficult for him to articulate with distinctness. He made several attempts to vomit in this interval, by exciting the fauces with his finger. There seemed to be some constriction about the throat, as it was difficult for him to swallow." "This interval lasted perhaps five minutes, when another paroxysm commenced by a little starting and stiffening of the extremities, and immediately the whole body was thrown into a tetanic paroxysm, in appearance like the first, and lasted two or three minutes, when death ended the struggle."

"In about three minutes from the first paroxysm," says Dr. H., "the tetanus again returned, and in the space of two minutes death closed the scene, with terrible spasms of the entire system. The pulse remained unaffected till the last struggle. It is my opinion that the immediate cause of death was suspension (?) from spasm."

"His appearance," says Dr. O., "led me to believe that death ensued from asphyxia or suffocation. There must have been great congestion of the brain, which of itself might have proved fatal."

5. How soon after taking the article did death occur?

Dr. H. says, "From the best information which I could obtain, I should judge that death ensued in fourteen minutes." "The time from taking the article till death ensued," Dr. O. remarks, "could not have been over twenty minutes."

6. Did his mind remain clear till the last struggle?

"I think," replies Dr. H., "that he was perfectly conscious from the first to the last, except in the paroxysm of tetanus, from the following facts:—1. His appeal which he made to me, as noted in the first article. 2. On loosening his cravat, he requested me to unbutton his vest, at the same time desiring me to take out his gold watch and take care of it. 3. An emetic having been administered, he applied his finger to his throat to provoke a nausea. 4. And, from the last words he uttered, '*I fear, I fear, O God deliver me.*'"

7. What means were used to prevent the fatal result?

Dr. H. says, "On witnessing the first symptoms, I left the room for the purpose of obtaining medicine. I procured an emetic of sulphate of copper and ipecac.; but returning and finding him in a tetanus, I immediately dashed cold water on his head, face and breast, and used the most powerful friction on the extremities. He returned to a state of perfect consciousness. I then proceeded forthwith to administer the emetic, making use of diluents copiously. I sent a messenger for some vinegar and ground mustard, and another for a stomach pump. I used the ground mustard, in warm water freely, to all of which the patient submitted, seeming to be very grateful for the efforts which I was making for his relief. The means were used without any apparent effects." "When death



had ensued, a number of the medical fraternity being present, we retired into an adjoining room, when the fatal bottle was produced, with the wrapper still around it. On removing this, it was found labelled 'strychnine.' " Dr. O. states, that "till this time, we were in ignorance of what he had taken." Dr. H. avers, "that here I wish definitely to state, that before the last paroxysm came on, I was fully convinced in my own mind that the fatal drug was not morphia, but strychnia, and I so declared to those present at the time."

From facts before the committee, derived from reliable sources, it appears that on the afternoon of the second day before the fatal accident, Dr. Warner called at an apothecary store in Montpelier, and asked for and purchased what he supposed to have been a bottle of sulphate of morphia. This was handed to him by the apothecary, enveloped in a brown paper and twisted at both ends. That on the fatal morning Dr. W. tore off the envelope surrounding the mouth of the bottle, and took a portion of what he supposed to have been morphia. He then proceeded to pour some of the supposed morphia into a small phial in which he had been in the habit of carrying sulphate of morphia, when he was suddenly arrested by the symptoms narrated. It is quite clear that he never entertained any idea of the fatal drug he had taken. "I am certain," says his afflicted brother, "that he never for a moment suspected that he had taken strychnia, and was wholly unconscious of the agency which had produced his awfully unprecedented sufferings."

Dr. W. had never possessed very firm health, and for about two years before his death he had suffered from an inordinate action of the heart, for which he had occasionally taken morphia. This affection of the heart had been the sequence of an inflammatory affection of the chest, which he had early in the year 1844.

The committee have taken considerable pains to ascertain the facts in this melancholy instance of death from a mysterious mistake. The mistake was certainly a singular and mysterious one, both in relation to the apothecary and the unfortunate man. It appears that Dr. W. asked for sulphate of morphia; the apothecary intended and supposed he had sold him morphia till after the fatal event, when he found, through mistake, he had given him, enveloped in a paper, a bottle of sulphate of strychnia in lieu of morphia. This exposition of facts appears to be demanded in justice to the character of the deceased, to the apothecary and to the medical profession.

In a medical point of view, the case is one of much and deep interest, since it so clearly manifests the true and energetic character of this somewhat new medicinal agent. And in a medico-legal consideration, it may prove of immense importance. In the suddenness of the effects, and in the quickness of the fatality, from the use of strychnia, this case is probably without a precedent. Christison, Pereira, and several monographical writers, in the periodicals, have recorded some bad results, and some fatal cases, from over dosing with this agent; but no instance has fallen under our notice in the human subject in which its administration, either accidentally or otherwise, has so speedily and terrifically proved fatal.

"No poison," says Christison, "is endowed with more destructive energy than strychnia." "I have," he adds, "killed a dog in two minutes with the sixth part of a grain, injected in the form of an alcoholic solution into the chest. I have seen a wild boar killed in the same manner with the third of a grain, in ten minutes; and there is little doubt that half a grain thrust into a wound might kill a man in less than a quarter of an hour. It acts in whatever way it is introduced into the system, but most energetically when injected into the veins."

With the exception of prussic and oxalic acids, there is probably no agent possessing an equally destructive power. Strong prussic acid is well known to be sufficiently energetic to destroy cats or dogs, when properly administered, in less than a minute. And Pereira examined the body of a man who had accidentally taken oxalic acid in lieu of Epsom salts, and died in twenty minutes.

March 25th, 1847.

JONATHAN A. ALLEN, M.D.

ERASMUS D. WARNER, M.D.

WM. P. RUSSELL, M.D.

#### REMARKS ON MEDICAL REFORM.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—As we have had divers plans for medical reform, by "Old Physic," "Young Physic," &c. &c., and as this is the age of *reform*, permit me, through your pages, to offer some suggestions from this *ultima thule* of medical science. That there is an evil to be remedied, all concede; how that evil is to be remedied, is the question. I hold that a man's respectability depends upon his own conduct and prudence—that what is true of individuals, is, in general, true of corporate bodies; of course, that our usefulness and respectability depend mainly upon our own conduct. If we are true to ourselves as a body, we shall be able to look all opposition in the face. Our body, though, is composed of individuals, each of whom is, to a certain extent, independent, and many of whom do not seem to reflect, that their respectability is to a certain degree affected by anything which injures the profession at large. They even think, in particular cases, their interest and that of the profession antagonistic. Whilst such opinions are held and acted on by a large portion of the profession, it must suffer in the estimation of the community. It is necessary that we come to be guided by what is right, rather than by what *seems* to be expedient. We must learn to consider and treat each other as gentlemen. Of course we must be gentlemen. We must individually expect to stand upon our own merits, not upon the want of merit in our competitors. For example—some twenty years ago, there were scarcely two physicians, in a certain town, who were on friendly terms. If a consultation was forced upon one physician, one great object with him was to protect his own reputation. With his rival, one great object was to bring him into disgrace. There were constantly more or less feuds in the community, engendered by the physicians or their partizans. Then an injury inflicted on one physician, was considered as a benefit to some



other. They aimed to stand upon the wrong foundation—the want of merit in their competitors. Now, in that town, the physicians have learned better. They are not, perhaps, better men; but they consider and treat each other as gentlemen, there is no overt act of disrespect—no bickerings. Consultations are much more frequent. In these consultations there are frankness and candor, which never could have existed under the former state of things. They ask each other to see patients with them, and for them, and to attend *post-mortem* examinations with them. They now have a standing in the estimation of the community, which they had not formerly. In short, the profession in that town is respected. What is true of that town, would be true of all others under similar circumstances.

Another point upon which we need reform, is *education*. From the earliest settlement of this country, we have had men who practised medicine either without any education, or such as was obtained from a village physician. Their information was limited, their pretensions humble. They had no respectable colleges to give them certificates of what was not true. In those days, a diploma was an honor. It presupposed some two or three years study at least. Few, if any, had the temerity to subject themselves to the trial, who had not some classical education prior to commencing their professional studies. But now, how changed! A young man, with the most ordinary education, becomes ambitious to be a physician—or is too lazy to work; he commences his study in the lecture room, reads the next summer, attends another course of lectures the ensuing winter, and—graduates! Another matriculates about the middle of January, having six or eight weeks intermission in his ordinary business; spends the next summer, and until after Christmas, in attending to business, which precludes the possibility of his reading in the day time; matriculates again in January, and graduates in the spring! *Talia sunt*. Yet our colleges affect to require three years previous professional study, and an attendance upon two full courses of lectures. It would seem to be the ambition of our schools—not which should send out the best instructed physicians, but which should send out the most. This seems to me quackery in its worst form. When a quack appears upon his own responsibility, if any one is duped by him, it is his own fault; but when the quack appears, armed with a diploma from a respectable medical school, the sin lies not in the deluded victim, but in those who have thus armed the quack.

How is this state of things to be remedied? Our schools say they are compelled to teach such pupils as the physicians send up to them. The answer is not valid; at least, as implied. No man or set of men ought to be blamed for trying to improve the rising generation, hence they *may* be excused for instructing such as are sent; but I am of opinion, that instructing a pupil is a very different thing from giving him a diploma, declaring him qualified to practise the profession—and this, too, when they might know, that such student had not fulfilled the terms which entitle him to an examination.

Then our schools do wrong in graduating students who have not

acquired, and in the nature of things could not have acquired, a suitable amount of medical education. Let our schools do one of two things: either stand up to the rules which themselves have made; or, do what I would consider at least as proper as their present course, advertise that, for a given sum, they will confer a degree upon any man who shall not miss more than three out of any four questions that shall be asked him.

Let me be understood; I do not charge that the professors in our schools are incompetent to teach, that they are not highly respectable in the profession—no such thing; but I believe they do jointly, what no one of them would dare to do individually—declare a given individual worthy of public confidence as a physician; that a diploma now is not what it ought to be, an evidence that the holder has acquired that amount of professional information which qualifies him to take charge of the health of the community—in fact, that *it, of itself, is of no value whatever.*

My plan is, that our schools set up a standard of scholastic education, which every candidate for a degree shall show himself to possess—not bring a certificate from Tom, Dick or Harry, that he has it—that in that, and in all rules, they adhere to the plain understanding of the rules, and graduate no one who does not in truth deserve it—that they reflect, that something is due to the community whose lives and health are at stake, as well as to the men who have paid their tuition fees. Or if they must needs graduate those who have no preparatory education, let there be a different degree. Let there be some distinction between the well-educated physician and him who is not. If any of our schools will not take this stand, then my plan is, that physicians cease to send students to such schools. Let them, at the same time, refuse to receive pupils themselves who have not a suitable foundation on which to build. Physicians may think it hazardous to undertake it. But we ought to run some risk to do our duty. I hold it our duty to the community to do it. I will not take a young man into my office who has not sufficient education to enable him, by perseverance, to become a respectable member of the profession. He must pay me for his tuition. I will take pains to instruct him. *And I will not advise him to graduate in any school where no standard of preliminary study is set up.* Such is my plan for reform. How many are willing to adopt it?

Very respectfully,

Georgetown, Ky., March 17, 1847.

MEDICUS.

#### RETENTION OF URINE AFTER LABOR.

[Communicated for the Boston Medical and Surgical Journal.]

To Prof. Gunning S. Bedford, M.D., New York.

DEAR SIR,—The case detailed below was intended solely for your inspection, but as I find it possessed of more than an ordinary share of interest, I am induced to offer it for publication, believing that it will serve to remind my junior brethren of *the necessity in all cases of "tracing effect to its proper cause,"* and that it will also admonish my seniors in the profession, that *they* too are fallible and liable to err.



June 28th, 1845, I was requested to visit Mrs. Samuel Mitchell, in an adjoining town. On my arrival at the house, I received the following history from her physician, Dr. H——.\* Mrs. M. had given birth to a child ten days previous, the labor not being unusually long or severe. She appeared to be “doing well,” until the morning of the 27th, when she remarked to her nurse that the room was becoming dark, and immediately she was seized with convulsions. From these, she would, at first, partially recover, but was soon seized with another more severe than that which had preceded it; having had no less than nine distinct and well-marked convulsions on that day. A messenger was despatched for Dr. H., soon after Mrs. M. was attacked, but he being absent, a neighboring physician, Dr. T., was called. He thought her to be suffering from puerperal convulsions, and immediately resorted to venesection. Dr. H. saw her in the evening, agreed with Dr. T. as to the diagnosis, practised venesection, and commenced giving tinct. stramonium, but what else, has passed from my mind. Dr. T. visited her the next morning, and finding the convulsions had returned with increased severity, he applied a blister to the back of the neck, and one upon the inner side of each leg. He also directed an enema of starch and laudanum, and a continuance of the treatment as prescribed by Dr. H. the evening previous. The abdomen being greatly distended, they applied fomentations. As the patient was evidently growing worse, farther counsel was desired; hence the occasion of sending for me. With this account, I proceeded to examine the patient. I found her suffering from coma, being wholly unconscious of what was going on around her; pulse 85, but hard; no unnatural degree of heat about the head; the condition of the pupils I do not recollect. There was incontinence of urine, and had been for a day previous. Upon examining the abdomen, I found the bladder enormously distended, its fundus reaching above the umbilicus. I at once suggested the use of the catheter, and at the request of Dr. H. introduced it, and drew from the patient more than one gallon of urine. Of course the distension of the abdomen was quickly and completely removed. In order to guard against inflammation, I advised farther depletion, which was adopted. With my fingers upon the pulse, a vein was opened, and as soon as its hardness appeared to yield, the bleeding was stopped. A cathartic (one of calomel and jalap) was then given, and after its operation, was followed with liberal doses of spts. nit. dulc. By the frequent introduction of the catheter, and by the continued use of the diuretic, alternating with the sup. tart. potass. in doses sufficient to operate as a cathartic, I had the satisfaction to hear that Mrs. M. had fully recovered.

There are some points in the history of the above case that are worth being remembered; and,

1st. The manner of attack; the patient being of a sudden seized with convulsions, while friends, nurse and physician supposed her convalescing.

2d. The absence of all pain, the patient having at no time given any intimation that she experienced the least uncomfortable sensation about

\* Drs. T. and H. have had considerable experience in their profession; the first having been in business nearly twenty, and the latter ten years.

the bladder; hence I incline to the opinion that the distension of the bladder commenced in the last months of pregnancy. Chailly, in his admirable treatise on midwifery, page 220, speaking of cases where there is a retention of urine, says, "Happy indeed if the error is soon discovered; for women, through an inconceivable ignorance of their medical attendants, have been known to succumb, with the most excruciating sufferings, and all owing to extreme distension of the bladder." But in the above case the patient complained of no pain, made no complaint, anticipated that she would soon be restored to the pleasures of society, when, suddenly, vision is rendered imperfect, reason is dethroned, and convulsions and coma attack the patient with great severity; yet all this caused by a retention of urine.

3d. Convulsions preceding and for awhile accompanying coma. That the coma was caused by a partial suppression of urine, this last produced by its retention, I think there can be no doubt. But what gave rise to the convulsions? Is it probable that there was a congestion of the brain? I think not. I am disposed to attribute it, like the coma, to the suppression of the urine; the blood thereby being rendered highly irritating, it is easy to see that as this was diffused throughout the brain and whole nervous system, disorder would be very likely to be induced.

I am not aware of any other case of retention or suppression of urine, that was followed by coma, where it was preceded by, and accompanied with, convulsions. If you have met with any similar instance in your own practice, or know of any upon record, please inform me.

In conclusion, permit me to say to you, likewise to your associates in the University, that I am not unmindful of the numerous favors I have received from your and their hands. I call to mind, with feelings of the highest pleasure, the many days I have spent in listening to the valuable precepts you all labored so arduously to inculcate. Let me assure you that my alma mater is not forgotten; that in my intercourse with society, I feel that "my interests are her interests," and with a "watchful eye" shall sacredly guard its reputation. That its present prosperity may ever continue, is the fervent prayer of

Your obedient servant,

*Colchester, Ct., March 29, 1847.*

JAMES R. DOW.

## NEW PROCESS FOR PRESERVING ANIMAL SUBSTANCES.

[Translated from the French of Adolphe Bobierre, for this Journal.]

In considering, under the report upon legal medicine, the different antiseptics, placed by chemistry at the disposal of those who devote themselves to the art of preserving bodies, we cannot fail to see that acetic acid deserves the preference. On the other hand, it has the property of softening the bones and blackening the muscles, as the different experiments show. We can in part remedy these evils by associating with it certain metallic oxides; but another difficulty then shows itself, for I believe I have already shown that the use of metallic compounds in embalming should be hereafter dispensed with; and one of the advan-



tages of acetic acid is, that it is itself an organic compound. We desire, then, to find a substance, which having the good qualities of acetic acid, is free from the inconveniences attending its use. I believe I have solved this problem, by employing a very interesting substance, which I doubt not is to render great service to ingenuity and art, although, as yet, but a small part of its very curious properties is known. I mean the spirit of wood (by-hydrate of methule), whose chemical history has been so ably treated in the beautiful work of MM. Dumas and Peligot.\*

By dissolving a certain amount of camphor in the spirit of wood, its antiseptic power is increased, and we may obtain a liquid, which may be used with advantage as an injection, to ensure the preservation of bodies intended for burial. The following is the method of operation. To about one pint and a half of rectified spirits of wood add about seven drachms of camphor; stop the vessel and shake it. Solution takes place rapidly. Add to the mixture a scruple and a half of essence of lavender. The liquid is then ready for injection.

For embalming a body the carotid artery should be injected, after being exposed by a small incision. That done, varnish the surface of the whole body with two coats of the following composition. R. Rectified spirits of wood, ℥ xvi. ℥ ij.; mastic in tears, ℥ iii. ℥ i. ℥ ij.; camphor, ℥ vij. Put the spirit of wood in a glass vessel, and mix in gradually the resin. Heat the mixture in a water bath, taking great care not to raise the temperature too much, the spirit of wood boiling at  $66\frac{1}{2}$  deg. cent. Shake it from time to time. As soon as the resin is dissolved, add the camphor in fragments; its solution is very rapid. The varnish thus prepared must be put in a well-stopped bottle, and used as wanted with a soft brush. When the varnish upon the body has become dry, it is to be rolled with very thin strips of sheet lead,† and afterwards with linen rollers, applied so as to fit perfectly, and the folds made to adhere closely, by means of the following mixture smeared upon one of the surfaces. R. Lead plaster, ℥ xvi.; eleme resin, ℥ x. ℥ vij ss.; olive oil, spirits of wood, āā ℥ vij. ℥ vij. ℥ ij. ℥ ij.

All parts being covered from head to foot, and the turns of the rollers secured by points of suture, the whole is to be again covered with the varnish, applied with a soft brush. The body is then to be placed in a leaden coffin, with a bottle containing a pound of recently prepared sulphite of soda; the bottle to be imperfectly stopped with a pierced cork. The coffin-lid having been soldered on, the coffin is to be enclosed in an oak box, and eventually in the proper vault, the walls of which ought to

\* The spirits of wood, so called on account of its analogy to spirits of wine, is a peculiar liquid, very volatile, which was discovered by Mr. Philipps Taylor, in 1812, among the products of the distillation of wood. It is obtained by submitting pyroligneous acid to successive distillations, rejecting the first which passes over, and rectifying the product with lime over a water bath. Pure spirit of wood is liquid, at very low temperatures, colorless, neutral in its action upon test papers. Its fluidity is very great; and the odor is both alcoholic and empyreumatic; the taste sharp and somewhat biting; the specific gravity 0.798. It boils at between 60 deg. and 65 deg. cent. It takes fire on the approach of a body in a state of combustion, and burns with a bluish white flame.

† The leaden rollers are not absolutely necessary, and may be dispensed with.

be covered with Roman cement or bitumen. This, not very expensive lining, is a powerful agent for protecting the whole from the moisture which so easily passes through the joints of the stone work, and which so actively assists in the putrefaction of bodies enclosed in wood simply.

The operation consists, then, in

1st. Injecting the liquid through the carotid artery.

2d. Covering the body with several coats of varnish.

3d. Enveloping it with lead rollers, and again with linen rendered adhesive as above, and afterwards re-varnishing.

4th. Placing it in a leaden coffin, containing an imperfectly stopped bottle of sulphite of soda.

**PRESERVATION OF ANATOMICAL SPECIMENS.**—The liquid mentioned above is to be used for this, mixed with water in the proportions of one of the prepared liquid to three of water. A precipitate of camphor is formed immediately, which may be separated by filtering. The liquid which passes through still holds in solution a proportion of camphor, and may be used advantageously in place of alcohol, which is expensive, and of the saline preparations, which are either dangerous to operators, or form deposits upon the containing vessels.

As the quantity of camphor left in the mixture is very small, we might be inclined to use a smaller quantity in making the liquid; I have remarked, however, in this case, that the solid matter being more divided, the precipitate is less coherent, and the liquid passes less clear. Besides the excess of camphor is not lost, since it is only to be re-dissolved for future use.

The parts should be soaked several days in this liquid, and then put permanently in a second supply, and they will be preserved as completely as by alcohol.\*

I have many preparations preserved in this manner, and, save a slight blanching of the muscular tissue, which cannot be avoided by any means of preservation, they are perfectly satisfactory.

Before passing to the process for preserving specimens of natural history, I will add, that the odor of the camphorated spirit of wood does not forbid the hope, that it will be eventually used in its place in the anatomical room. The odor is neither hurtful nor repulsive; on the contrary, it would be useful, from its hygienic properties, in the dissecting room, generally so poorly ventilated; but one must become accustomed to it, and that would be less troublesome than to accustom one's self to the smell of sulphuretted hydrogen, which is generally given off from subjects during dissection.†

The problem of a healthy dissecting room is yet to be solved. But one measure, which would contribute much to this end, would be to es-

---

\* Where we use the methulo-camphorated water, of which I have shown the preparation, it often happens that a certain space of time is necessary for the liquid to become perfectly clear; for most preparations, I use, therefore, a mixture of one part of the spirit to three of water, in which I keep the specimens, after they have been previously soaked in a mixture of the same strength.

† It is a fact that most persons, who are engaged in practical anatomy, prefer the cadaverous smell to that of chlorine, which is often employed to stop advanced decomposition.



establish proper ventilation. Since we do not possess the means of entirely and conveniently preserving subjects for dissection, let us do what we can to drive off the noxious gases which are constantly disengaged, and which are so great a cause of insalubrity. Ventilation would be more easy to establish during the dissecting season, winter, when the means of heating can be conveniently used.

**PRESERVATION OF OBJECTS OF NATURAL HISTORY.**—I have already shown the inconveniences attending the various processes for this purpose. The arsenical soap of Bécœm, the solution of powder of nux vomica, expose the operator to real danger. They could not be better replaced, I think, than by the camphorated spirit of wood, in which mastic and essence of thyme, in the following proportions, have been mixed. R. Spirits of wood, ʒ xvj. ʒ ij.; mastic (in tears), ʒ ij. ʒ j. ʒ ij.; camphor, ʒ vij.; essence of thyme, ʒ jss. The quantity of resin should vary according to the particular use to be made of the solution, but it is always useful to have it present, as it prevents the too speedy volatilization of the camphor.\*

Reptiles, fishes and insects should be covered with at least two coats of this liquid, which without contradiction is the most efficacious as a preservative against insects.

Birds should be immersed in a preparation in the following proportion : R. Spirits of wood, 9 parts ; essence of thyme, 1 part.

Animals, whose skins we wish to keep unremoved, should be treated in the same manner, taking the precaution to keep an imperfectly-closed bottle of the liquid in the same case with the preparation.

*Boston, April 5, 1847.*

## DR. DICK'S ALPHABETICAL NOTICES OF SUBJECTS CONNECTED WITH THE TREATMENT OF DYSPESIA.

[Continued from page 73.]

**BREAD** (*subject continued*).—Vogel gives the following as the composition of wheaten bread, made without salt and with distilled water, carbonic acid and the chlorides of calcium and magnesium being left out of the analysis :

Gluten	- - - - -	20.75
Starch	- - - - -	53.5
Torried ditto	- - - - -	18.
Sugar	- - - - -	3.75

We also omitted to give, in our last, the proportions in the patent of Dr. Whiting, taken out in 1836, for bread made without yeast, and with soda and muriatic acid. It is as follows :—Wheaten flour, seven pounds ;

\* Vegetable specimens may be equally well preserved by immersion in the above. There is an object for which this camphorated spirit of wood may be used, and which should not be omitted here. I mean the preservation of cantharides for pharmaceutical use. Even closely shut up, the cantharides are infested by various insects and larvæ. Some of them may be driven off by camphor ; upon others this has no effect ; mercury, which is recommended by some chemists, although better than camphor, is not satisfactory. Other means have failed. But by placing a bottle of the camphorated methylic water lightly stopped, so as to allow the fumes to rise, in the vessel of cantharides, they are protected from the ravages of the insects, &c.

carbonate of soda, 350 to 500 grains ; hydrochloric acid, from 420 to 560 grains ; water, two pints and three quarters.

*Beer.*—Though by mistake we have let the subject of beer fall out of its literal order, yet, happily, the error is one easy of correction. We proceed to submit a few observations on the dietetical and therapeutic properties of malt liquors.

Barley which has been made slightly to germinate, and has then been dried, so as to destroy its vital property, forms the substance called malt. The process now described gives rise to a principle named diastase. Three degrees of heat are applied to barley in the above preparation : first, a moderate degree, producing pale malt, which is capable of fermentation ; and two greater degrees, producing brown and torrifed malt, neither of which is fermentable, and the former of which is employed for flavoring, the latter for coloring. From the pale malt, ales, and from a mixture of pale and torrifed malt, porters, are prepared. To both ale and porter an infusion of hops is added ; and, in general, porter is more highly hopped than ale. New ale and porter which are free from acid are named mild ; those which have been kept for some time, and in which acid is developed, are called hard. Some people prefer hard beer, and to suit this taste, the publicans are accustomed, when necessary, to convert mild into hard beer, by a summary and simple process, to wit, the addition of sulphuric acid. Again, others prefer mild beer, and the publicans, when their supply of this is low, and they have an abundance of old or hard beer, convert the latter into mild by adding to it soda, potass, carbonate of lime, &c.

Various other adulterations are practised. The narcotic quality of hop is replaced by *cocculus indicus* ; sweetness and color, by liquorice (an innocent fraud) ; thickness, by linseed ; a biting pungency, by carraway-seed and cayenne pepper. I have been informed, also, that *nux vomica* is sometimes used, to give at once the desired narcotic quality and bitter taste. *Quassia* is also said to be used with the latter view ; treacle is likewise employed to give sweetness and consistence ; while, to give beer a frothy surface, sulphate of iron and alum are had recourse to. Such is the wholesome beverage of which nine-tenths of the English people daily partake ! Yet the frequent or constant occurrence of these adulterations is known, and a crime which a Turkish Cadi would punish with summary decapitation, is almost wholly winked at by the police of this country. While a loud outcry is made about many partial and circumscribed omissions or contraventions of sanatory conditions affecting the health of particular districts, this evil, deteriorating the health of thousands, and deliberately perpetrated, is overlooked.

Taken moderately, and by persons who do not eat inordinately of animal food, and who use sufficient exercise, ale and porter are harmless, and may even be allowed to be, in some cases, productive of advantage. The cases, however, in which either beverage is indispensable to those in health, are rare indeed, if, in truth, there are any cases. But the use of malt liquor, if not necessary, must be hurtful, since the body is thereby trained to rely on a stimulant of a very artificial kind ; one that expe-



rience shows us is far more apt to be abused than the more natural and wholesome supports of the body, bread, vegetables, &c., are liable to be; one that almost always induces in those who systematically use it, a habit of body in which disease more readily occurs, more rapidly progresses, and more tends to grave or fatal terminations, than in the cases of those not used to that stimulus. These we hold to be facts undeniable.

Cases of simple and direct debility, uncomplicated with any derangement of the digestive organs; cases of emaciation after fevers, inflammations, or other exhausting diseases; cases of extensive loss of blood from hæmorrhage; cases of profuse suppuration from abscesses or sores; cases of morbid discharges of an exhausting kind, as copious blennorrhœa, &c.—these are the cases in which malt liquors are positively indicated.

Indian pale ale, which is, I believe, doubly hopped, and in which care is taken to prevent the development of acid, is taken by many without the inconveniences attending the other species of beer. The strong and syrupy ales—as Leith, Alloa, Burton and Kennet—are apt to be aced on many stomachs, to cause flatus and even febrile excitement, and in persons disposed to renal disease, to give rise to dysuria and various urinary deposits. These strong and rich ales are said to be fattening; and they certainly seem to increase the bulk of those largely employing them; but the increase is due to an augmented deposition of adipose matter, not of muscular fibre, and in some cases the enlargement seems partly œdematous.

Porter and ale seem best to suit meals in which little or no soup or vegetables are taken, but in which bread and meat are alone or chiefly used. Vegetables, more especially cabbages, or turnips, or vegetable soups, taken along with beer, are extremely apt to produce flatulence, and sometimes colic.

The composition of the milder sort of beer may, in round numbers, be stated to be—

Water, carbonic and acetic acids - - -	90.
Alcohol - - - - -	3.
Extract - - - - -	4.
Albumen - - - - -	0.5
Phosphate and sulphate of potash, chloride of potassium, phosphate of lime and mag- nesia and silica - - - - -	0.25

*Bromine.*—There can be no doubt that in some cases of hepatic derangement iodine affords relief; and the action of bromine considerably resembles that of iodine. A congestion both of the biliary and of the bloodvessels of the liver occasionally occurs without any very obvious cause; the bile is scantily discharged; the volume of the liver is enlarged; and the whole abdomen, probably from a *remora* in the portal circulation, becomes tumid, as in incipient ascites. In these circumstances, an effect seemingly magical follows the use of iodine or bromine. The liver acts and subsides, and the belly rapidly resumes its ordinary size.

Magendie's formulæ for the use of bromine are still as good as any, only the doses may be considerably larger than ordered by him. Bro-

mide of potassium, ten grains; orange or cinnamon water, four to six ounces; dose, a dessert spoonful twice or thrice a-day. Or, bromide of iron, thirty-six grains; confection of roses, q. s. for fifty pills; two to be taken night and morning.

In dyspeptics with strumous habits, the above formulæ, the latter of them more particularly, will be found very useful. There is a form of dyspepsia which may be said to be characteristic of strumous subjects; it also is found in persons constitutionally prone to bronchitic attacks; and in both these classes of persons, the mucous membrane of the stomach has the same inflammatory suppositions with that of the trachea and bronchiæ. It is remarkable, that so soon as abscesses form in the lungs, or purulent expectoration begins, the irritability of the stomach disappears, appetite becomes lively, and digestion vigorous.

*Cacao*.—The several dietetic preparations of the theobroma cacao are found by some dyspeptics to agree better with their stomachs and their comfort than tea or coffee. Tea is found by some to be stimulating; by others, relaxing; by others, astringent. Coffee, stimulating, heating and astringent. We believe all this; but we also think that part of the evils now named is due to the occasionally excessive temperature of the potations. We have frequently known tea and coffee swallowed at a temperature of 140° Fahrenheit. Both tea and coffee are frequently taken too strong in quality—that is, in too highly charged decoction or infusion, and in too large quantity—we mean as regards mechanical bulk, and the consequent distension of the stomach. Perhaps nothing is more calculated to debilitate digestion than large and distending potations of fluid above blood heat. A daily, or rather bi-daily, habit of this sort cannot but fail, in the end, seriously to impair the special nervous sensibility of the stomach, and the vigor and amount of its secretions. We, therefore, have no hesitation in pronouncing tea and coffee, as usually taken, to be deleterious in their effects, and sure, though insidious and perhaps unperceived, inducements of diseases or predispositions to diseases.

Chocolate, and still more, cocoa, are certainly less exceptionable drinks. The homœopathists, who are not inobservant of the effects of diet, allow cocoa, but nearly or wholly exclude coffee and tea; their chemists even prepare a particular cocoa for the use of the sect.

*Cæcum*.—In all cases of constipation or torpor of the bowels, attention to the cæcum is important. It is here that fæcal accumulations are, on several accounts, apt to take place. The circumstance of the large bowel here forming a *cul de sac*, out of which, moreover, the fæcal matter, during fourteen or sixteen of the twenty-four hours, can only escape by a course counter to gravity, disposes not a little to the collection there of excrement. And, indeed, in most cases of constipation, in cases of chlorosis, &c., we shall generally both see and feel a fulness at this part, sometimes of remarkable and even alarming extent and hardness. There is generally also considerable tenderness of the part; so that handling or pressure of it causes to the patient, not acute pain perhaps, but an unbearable uneasiness, which prevents you from making the examination freely. And I have no doubt that, in not a few cases, a state of chronic



irritation, of (sub-) inflammation, and even of ulceration of the mucous membrane of the cæcum, is induced, from the prolonged contact of hardened fæces, which, moreover, has become preternaturally foetid, and undergone certain irritating chemical decompositions. In such circumstances, either round or irregular masses of a fatty-looking substance, may often be detected in the evacuations. This consists of inspissated mucus, secreted by a surface highly irritated or sub-inflamed. A slight prolongation or increase of such irritation will convert this inspissated mucous discharge into a purulent one.

The fact of accumulation in the cæcum being ascertained, a bolus of pills, containing ten or fifteen grains of blue pill, aloes and hyoseyamus, in equal parts, are to be given at bed-time, on one, two or three alternate nights. Next morning a dose of castor oil is to be taken, and means afterwards are to be used, both dietetic and purgative, to keep the bowels patent, and prevent a recurrence of the impaction of the cæcum.

Injections are of much use in this complaint, though only, indeed, of temporary utility. They should be of an oleaginous quality, and be large in quantity, and either during, or subsequently to, their being administered to him, the patient should lie on his right side, so as to promote the passage of the injection to the ascending colon and the cæcum. The right groin should be gently, but effectually, kneaded, as it were, by the hand of the patient himself, or of an assistant. In this way, lumpy masses of fæces, which had obviously accumulated in the cæcum, may often be brought away, to the great relief of the patient. A tablespoonful or two of oil of turpentine added to the injection, adds much to its efficacy. This oil seems to exert a most salutary influence on the colon.

A German lately came to London, who professed to cure cases of constipation without the aid of medicine, and simply by friction. He rubbed and kneaded the abdomen, first over the small intestines; then, beginning from the right groin, he continued the process all along the course of the colon to the left groin. By this means, he, probably, actually forced along the fluid fæces, and, at the same time, stimulated the muscular coat of the intestines to contract. He devoted several hours, on successive days, to this manipulation, and, as I was informed, often succeeded on the second, third or fourth day, even in some obstinate cases.—*London Lancet*.

## THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, APRIL 14, 1847.

*The Perkins Institution—Mortality of the Blind.*—Dr. Howe's fifteenth annual report of the Perkins Institution, just from the press, must be very satisfactory to all orders of philanthropists. Massachusetts is honored in the success of this noble charity. From year to year the progress of the blind pupils has been even more than could have been anticipated. In

gaining access to the immortal mind, by the process of telegraphic communication through the ends of the fingers of two such children as Laura Bridgeman and Oliver Caswell, both blind, deaf and dumb, the astonishment of people has been excited wherever the story of their physical condition is known. In appendix C, at the close of the report, some data are given for ascertaining the comparative mortality of the blind, of deaf mutes, and of students in colleges, the result of which is thus stated :—

“Thus it appears that the mortality among the blind is greater than that among seeing persons of their own age, and similarly situated, in the ratio of 98 to 44; and greater than that among the mutes in the ratio of 66 to 44. The average mortality of the two classes, as compared with that of ordinary persons similarly situated, is as 84 to 47.

“These data are, to be sure, few and imperfect; but as they confirm what would be the *a priori* inference, it is probable that a wider circle of observation will show the same results, and perhaps in a more striking degree.”

---

*Charitable Orthopedic Association.*—A circular informs us that a meeting has been held by gentlemen desirous of advancing the knowledge and practice of orthopedic surgery in this country, and of extending the benefits resulting from it, in the language of the report, to that class of the community who have not the means of paying for their own support while under treatment. The Boston Orthopedic Institution was established by the perseverance of Dr. John B. Brown, and it has acquired a reputation that must be gratifying to the enterprise of the proprietor. The names of some of the most eminent gentlemen in the city are enlisted in this benevolent scheme. They propose to raise funds by voluntary contributions, life subscriptions and life memberships. The institution is located at No. 49 Chambers street, and is open every Wednesday afternoon to the public. Our physicians would find much to interest them in viewing Dr. Brown's curious and costly apparatus.

---

*Medical Jubilee Dinner in Albany.*—On the completion, lately, of fifty years spent in the actual practice of medicine, by Dr. William Bay, of Albany, the profession of that city complimented him with a public dinner. The occasion seems to have been an exceedingly agreeable opportunity for the manifestation of those pure and ennobling sentiments which men, devoted to the service of humanity, should exhibit towards each other, and especially towards such as have eminently distinguished themselves by long and laborious devotion to their arduous duties. Prof. T. Romeyn Beck presided, and heightened the festivities by a pleasant sketch of the life of their guest, in connection with historical memoranda of several celebrated members of the profession in New York, who gave character, while they lived, to the science of medicine, and whose names are associated with whatever is great and good, and worthy of imitation by their successors. We were delighted with the account of the doings of the physicians of Albany. In honoring gray hairs, as they did in the person of their excellent neighbor, friend and associate, the venerable Dr. Bay, they will themselves be honored by their medical brethren wherever the circumstances are made known.



*Institutes of Medicine.*—A heavy octavo on the Institutes of Medicine, of 826 pages, elegantly finished in all its typographical properties, and fresh from the press of the Messrs. Harpers, by Martyn Paine, M.D., Professor, &c., in the University of New York, is on the table for examination, but it is quite impossible to be prepared at a moment with a synoptical view of a volume of such magnitude. Our surprise on seeing it, however, was excited, by calling to mind the amazing industry of the author. He has no competitor in America. There is not a man in the United States, to our knowledge, belonging to the profession, who has written such massive works as Dr. Paine. How he manages to accomplish anything else, is equally mysterious. But he is writing for a coming generation, which will, it is believed, appreciate his merits more than his cotemporaries.

---

*Dr. Stevens's Address.*—On the 11th of March, Alexander H. Stevens, M.D., President and Emeritus Professor of Surgery in the New York College of Physicians and Surgeons, addressed the class of medical graduates, it being the annual commencement. The discourse has been published, and will bear reading several times. There is an undefinable charm in the sentiments of some men, and we love to take in the odor of their wisdom. Great thoughts are by no means necessarily expressed in hard words, or long, difficult sentences, and it is characteristic of the first class of minds, to exhibit intellectual power in union with extreme simplicity. This is eminently the fact in regard to the discourse before us. Dr. Stevens belongs to that generation of medical Solomons who are becoming scarce in the land. He never speaks for show, and it is quite certain that whatever he utters in public, is, like his private conversation, plain and to the purpose. Dr. Stevens does not believe that the study of medicine tends to infidelity. Some of the most illustrious physicians have been eminent for their piety, and a large portion of the most worthy practitioners, he remarks, are of the same character. Let this be strongly impressed on the memory. "Be guarded," he says, "in giving opinions hastily or unnecessarily concerning the nature or probable termination of any case, when you are not quite sure of the correctness of your views. The older men grow, the more cautious they become in making statements which may not be verified. If to inspire confidence in your knowledge, you tell the patient or his friends what you think is his disease, what will be its progress, or what remedies you mean to apply, you are at once committed to a course of procedure." This was directed to the graduates, yet it might be advantageously the subject of reflection with those who have been in the harness of medical responsibility a long while. The matter of this parental exhortation, for such, to a certain degree, it may fairly be called, is well worthy of extensive circulation, and redounds to the honor of the distinguished man who gave it.

---

*Medical Quackery—its Origin, Cause and Cure.*—Dr. Bostwick, of New York, the author of a pamphlet with the above title, who also has given "Hints to Young Physicians in relation to the important subject of consultation," appears quite familiar with those unfair, unkind and reprehensible methods which are practised by irregular physicians for introducing themselves into notice. There appears to be a local bearing running through the pages, upon the city of New York, and therefore not so clearly under-

stood by strangers as by gentlemen acquainted with the trials and hardships that are interwoven with professional enterprise in that emporium of commerce. Whatever stress is laid upon the necessity of being well prepared to cure the sick, and of living in peace and in charity with all mankind, will meet the approval of all readers.

*Indiana Medical College.*—At the close of the late lecture term at Laporte, Dr. Knapp, Professor of Materia Medica, at the urgent solicitation of the class, consented that an address delivered by him to the graduates, should be published. It abounds in practical good sense, which is well timed, and must have been appreciated by those who had the happiness to hear it from the doctor's own lips. He advises the young gentlemen who were to receive their diplomas, not to resort to the eastern cities, because, in them, he says, there "is a crowded state of the profession"—which is quite true. But he has a second reason for not having them traverse the sea border, as follows: "Besides, vivid impressions of the diseases most prevalent there—continued and typhus fevers, syphilis, phthisis pulmonalis, &c.—may not have been so constantly transferred from your teachers' minds to you, as have the likenesses of the more prevalent western diseases—malarious fevers and their complications." Dr. Knapp fully explains the advantages of the region of country west, for enterprising medical practitioners, properly qualified. That such are not only in constant demand, but also much needed in all the new settlements, we know from a personal examination of the outposts of civilization, to which a mighty tide of emigration is rushing on with unexampled energy. Those who read this discourse will derive both satisfaction and instruction from it. Dr. Knapp is a vigilant sentinel in the Æsculapian temple, who has at heart the honor and usefulness of the profession, of which he is an ornament, by the consistency of his life and the efforts of his understanding.

*The Letheon Administered in a Case of Labor.* (To the Editor of the Boston Medical and Surgical Journal.)—DEAR SIR,—On the 7th inst. I administered the vapor of ether in a case of natural labor. The patient was in good health, and in labor of her third child. Five and a half hours having elapsed from the commencement of labor, her pains, which had been light, but regular, becoming severe, the vapor of ether was inhaled by the *nose*, and exhaled by the mouth. The patient had no difficulty in taking the vapor in this manner from the reservoir, without any valvular apparatus.

In the course of twenty minutes four pains had occurred without suffering, the vapor of ether being administered between each pain. Consciousness was unimpaired and labor not retarded. Inhalation was then suspended, that a comparison might be made between the effective force of the throes with and without the vapor of ether. No material difference was detected, but the distress of the patient was great. Inhalation was resumed, but the progress of the labor was so rapid that time could not be found for sufficient inhalation to bring the system *perfectly* under its influence; still the sufferings of the last moments were greatly mitigated. From the commencement of the inhalation to the close of the labor, thirty minutes. Number of inhalations, five. No unpleasant symptoms occurred, and the result was highly satisfactory.

Yours, &c.

Boston, April 10th, 1847.

N. C. KEEP.



*National Medical Convention.*—At a meeting of the Delegates to the National Medical Convention from the city and county of Philadelphia; held at the Hall of the College of Physicians, March 9th, 1847, it was resolved to accept the polite offer made by the Academy of Natural Sciences, of the use of their spacious hall for the meetings of the Convention; and the following committee was appointed to make the necessary arrangements for the meetings and deliberations of that body: Drs. Hays, Condie, Emerson, Fox, Bridges, Norris, Morris, West and Paul.

The above committee, in furtherance of the objects of their appointment, invite the delegates to the National Medical Convention to meet at the Hall of the Academy of Natural Sciences, west side of Broad street, near Chestnut street, on Wednesday, May 5th, at 10 o'clock, A.M.

The several standing committees appointed at the last Convention, are invited to meet at the same place on Monday morning, May 3d, at 10 o'clock.

To facilitate intercourse between the delegates, they are invited to report themselves as soon after their arrival in Philadelphia as convenient, to the committee of reception and arrangement, named above, who will be at the Hall of the Academy of Natural Sciences on the 1st, 3d, and 4th of May, from 10, A. M. to 3, P. M., and on the evening of the 4th of May, from 7 to 10 o'clock.

The secretaries of the associations who will be represented are requested to transmit, at an early day, the names of their delegates to the chairman of the committee, Dr. I. Hays.—*The Medical News.*

*Medical Miscellany.*—Dr. Kellock, of Savannah, Geo., has performed a severe, but hopefully successful operation upon a negress, of taking away half the upper maxillary bone.—The N. Jersey Lunatic Asylum will probably be opened in the autumn for patients.—A Mrs. Williams died at Sandisfield, Mass., at the age of 103.—About fourteen months ago, a child in Northampton, Mass., swallowed a pin, and on Monday, March 15th, it pierced the skin near the groin, and was extracted.—Smallpox has made its appearance at one point of the army in Mexico. It has also broken out among the Chippaway Indians, west of Lake Michigan, and also the Winnebagoes, carrying off great numbers of them.—Dr. Wells, of Hartford, Conn., is the author of a pamphlet, just published, upon ethereal inhalation, in which he claims to be the original discoverer.

*MARRIED.*—At Shelburne Falls, Mass., Dr. S. J. W. Tabor to Miss M. A. Sherman.—At Cohasset, Mass., Fordyce Foster, M.D., to Miss A. D. Tower.

*DIED.*—In Boston, Samuel Wigglesworth, M.D., distinguished for his devotion to ophthalmic diseases, 35.—At Fall River, Mass., Dr. J. Sexton, 60.—In New York, Dr. Marcus Hurd.—In Montpelier, France, M. Broussonnet, Professor of Clinical Medicine, and the oldest professor in the Empire, 80.—In Paris, M. Denoux, formerly a professor.—In London, Geo. M. Barrows, M.D., a well-known writer on insanity, 75.—At Edgefield District, S. C., Dr. A. Burt, murdered by one of his slaves.

*Report of Deaths in Boston*—for the week ending April 10th, 67.—Males, 34—females, 33. Stillborn, 4. Of consumption, 16—inflammation of the lungs, 3—inflammation of the brain, 2—inflammation of the bowels, 1—apoplexy, 1—dropsy, 2—dropsy on the brain, 3—typhus fever, 12—scarlet fever, 2—lung fever, 6—diarrhoea, 1—teething, 4—burns, 1—drowned, 1—infantile, 4—croup, 2—dysentery, 1—disease of the heart, 2—dropsy on the chest, 1—disease of the spine, 1—hooping cough, 1.

Under 5 years, 25—between 5 and 20 years, 11—between 20 and 40 years, 14—between 40 and 60 years, 9—over 60 years, 8.

*Inhalation of Sulphuric Ether in Surgical Operations.*—In devoting a considerable portion of this No. of our Journal to this subject, we feel that we are doing our readers essential service. Having now satisfied ourselves by actual experiment, that very painful operations can be performed while the patient is made insensible and unconscious by the inhalation of pure Sulphuric Ether, we entertain the opinion that a new era is about to dawn upon Surgery, produced by this important discovery. While we have been sceptical and are still so, with respect to the effects of Mesmerism in the alleviation of pain and disease, and hope ever to continue the uncompromising opponents to all species of quackery and patented remedial agents, we are free to admit our convictions concerning the value of this new mode of preparing patients for surgical operations. It is true, that in its first introduction to the profession, it was attempted to be veiled in mysticism and a patent obtained by a dentist in Boston, to whom the subject was presented by Dr. Jackson, its discoverer; but now all secrecy is removed, and no one entertains a doubt as to the identity of the so-called Letheon, with pure Sulphuric Ether. The only questions now agitating the profession are its best mode of preparation; and secondly, is there any danger in its general administration.—*Southern Med. and Surg. Jour.*

---

*Employment of Sulphuric Ether Vapor in Montreal, Quebec, and Sherbrooke.*—This agent has been employed in Quebec, this city, and Sherbrooke; but not with uniform success. In Quebec, Dr. James Douglass lately amputated the toes of a man, who had been previously narcotized by the inhalation of the vapor. More lately, in this city, Dr. Nelson removed a tumor from the thigh of a woman under similar circumstances of narcotism. The removal of a leg by Dr. Worthington, of Sherbrooke, was effected under a like state of insensibility from the same cause. In these three instances the successful use of the ether vapor was complete. At the Montreal General Hospital, circumstances lately demanded the amputation of the leg of a patient. Several protracted attempts were made, and at different intervals, under Dr. Campbell, to induce the narcotic effects of the ether, but without success; the leg was afterwards removed in the ordinary way. As the man had been of very intemperate habits, it becomes a question how far these habits may have influenced the susceptibility of the patient to the influence of the ether.—*Brit. and Am. Journal of Medical and Physical Science, Montreal.*

---

*University of Louisville.*—The Commencement in the Medical Department of the University of Louisville was held Saturday evening, the 6th of March, when seventy-five gentlemen, who had passed satisfactory examinations before the faculty, and otherwise complied with the requirements of the institution, received the degree of Doctor of Medicine. James C. Harris, M.D., of Wetumpka, Alabama, a graduate of Transylvania University; David A. Post, M.D., of Orangeburg, Ky., a graduate of the Medical Department of Western Reserve College, Ohio; and Thomas J. Todd, M.D., of St. Joseph, Mo., a graduate of Transylvania University, were admitted to the Ad-eundem Degree in this University. The Honorary Degree of Doctor of Medicine was conferred upon Dr. Cyprian P. Mattingly, of Bardstown, Ky., Dr. William J. Johnson, of Fort Gaines, Georgia, and Dr. Elijah Newland, of Salem, Indiana.—*West. Jour. of Med. and Surg.*



# THE BOSTON MEDICAL AND SURGICAL JOURNAL.

---

VOL. XXXVI.

WEDNESDAY, APRIL 21, 1847.

No. 12.

---

## SOME ACCOUNT OF THE FIRST USE OF SULPHURIC ETHER BY INHALATION IN SURGICAL PRACTICE.

By George Hayward, M.D.

[Read before the Boston Society for Medical Improvement, April 12th, 1847.]

THAT most persons can be rendered insensible to the pain of surgical operations by inhaling the vapor of sulphuric ether, is now well established. The safety of so doing can hardly be questioned, when it is known that it has probably been used in this way by several thousand individuals in this city within the last six months, without a fatal, and I believe I may add, an alarming result, in a single instance. Ill consequences, too, are most likely to be met with when a powerful agent, like this, is first getting into use, before all its properties are well understood, and before the best mode of administering it has been ascertained. That some unpleasant cases have occurred, there is no doubt; that it has failed to produce the desired degree of insensibility in a few others, is certain; but in no instance of which I have heard, has there been any serious or untoward effects that continued for any length of time.

At the same time it must be admitted that a great degree of caution is required in its administration, and it therefore can only be regarded safe in the hands of scientific and skilful persons. The dangers seem to me to arise principally from two sources. First, from allowing the inhalation to be too long continued; and secondly, from not adopting suitable means by which the lungs can be well supplied with atmospheric air, while the inhalation is going on.

With regard to the first, it may be observed, that it hardly admits of a doubt, that the peculiar state of the system that is produced by the vapor of ether when breathed, is that of narcotism; similar to what is sometimes caused, though usually in a less degree, by wine, alcohol, and various medicinal agents. The effects, therefore, being on the brain and nervous system, it is obvious that if it be long kept up, and carried to a great extent, alarming symptoms would be likely to ensue. But for how long a period it can be safely inhaled, has not yet been ascertained.

In respect to the second source of danger, it is very apparent that if the lungs be not well supplied with atmospheric air, the blood cannot be perfectly arterialized, and, of course, a greater or less degree of asphyxia will be the consequence. This, however, can be easily guarded against, by having the inhaling apparatus so arranged, that the patient shall at

each inspiration obtain an abundant supply of atmospheric air, while means are at the same time adopted to have this air well charged with the vapor of the ether. In this way the state of narcotism is in most cases readily induced, while that of asphyxia is entirely avoided.

It is not pretended, however, that there may not be circumstances in some cases, that would forbid the use of the ether altogether. It would not probably be deemed prudent to allow it to be inhaled by persons who have had hemorrhage from the lungs, or by those who were strongly predisposed to it; and it would perhaps be hardly safe to administer it to individuals who have formerly been or were at the time affected with mania, epilepsy or hysteria.

Children, from the great development of the nervous system in the early periods of life, are sometimes affected unpleasantly by the inhalation of the ether.

But on all these points there is yet much to be learnt. It is only surprising that so much has been ascertained in relation to the subject, when it is recollected that the first experiments with ether for surgical purposes were made but little more than six months ago.

It is well known that surgeons have for a long time sought to discover means of lessening, in some degree, if they could not altogether prevent, the pain of surgical operations; but their efforts were unsuccessful, and the world is indebted to individuals, not strictly of the surgical profession, for a discovery that will do more than any other to lessen human suffering. I believe I am warranted in saying that this remarkable property of ether, when taken into the human system by inhalation, of rendering surgical operations painless, was discovered in this city, and that the first successful application of it was made here in September last by Dr. Morton, a distinguished dentist. He extracted teeth from several individuals who were made insensible and unconscious in this way, without any subsequent ill effects.

It is understood that Dr. C. T. Jackson, well known by his great attainments in geology and chemistry, first suggested the use of the ether; but to Dr. Morton, I think, must be awarded the credit of being the first who demonstrated, by actual experiment on the human subject, the existence of this wonderful property. Having satisfied himself that teeth could be extracted without pain from those who had previously inhaled the ether, he was desirous of having it tried on patients who were to undergo longer and more severe surgical operations. For this purpose he applied, about the middle of October last, to have it used at the Massachusetts General Hospital, and Dr. J. C. Warren, the attending surgeon at the time, at once consented.

The ether was administered at the Hospital by Dr. Morton on the 16th of October to a man upon whom Dr. Warren was to operate for a tumor on the face. The effect in this case was not complete; the suffering, however, was very much less than it would have been under ordinary circumstances, and the result was on the whole so satisfactory, that a second trial was made on the following day.

The patient to whom the ether was administered on the 17th of October was a female, with a fatty tumor on the arm, between the shoulder



and the elbow. At the request of Dr. Warren, I did the operation. The patient was insensible during the whole time, and was entirely unconscious. The operation lasted about seven minutes, but could not be regarded as a very severe one.

These are the first surgical operations, except those of dentistry, that were ever performed on patients while under the influence of the ether.

On the first of November I took charge of the surgical department of the Hospital, and on the following day, in conversation with Dr. Warren, I stated that I did not intend to allow the surgical patients to inhale this preparation of Dr. Morton (for we were then ignorant of the precise nature of it) during my period of service, unless all the surgeons of the Hospital were told what it was, and were satisfied of the safety of using it. Dr. Warren agreed with me as to the propriety of this course.

On the 6th of November, Dr. Morton called at my house, and asked me if I was willing to have his preparation inhaled by a patient, whose limb I was to amputate on the following day. I told him of the conversation I had had with Dr. Warren on the subject. Dr. M. at once said that he was ready to let us know what the article was, and to give to the surgeons of the Hospital the right to use it there when they pleased. He added, that he would send me a letter in the course of the day to this effect. I requested him to address it to Dr. Warren, as he was the senior surgeon, and told him that I would submit it to my colleagues at a consultation to be held on the following morning. He wrote the letter accordingly; the subject was maturely considered by the surgeons, who were unanimously of opinion that the ether should be inhaled by the individual who was to undergo the operation that day.

The patient was a girl of 20 years of age, named Alice Mohan, who had suffered for two years from a disease of the knee, which terminated in suppuration of the joint and caries of the bones. For some months before the operation her constitutional symptoms had become threatening, and the removal of the limb seemed to be the only chance for her life. The ether was administered by Dr. Morton. In a little more than three minutes she was brought under the influence of it; the limb was removed and all the vessels were tied but the last, which was the sixth, before she gave any indication of consciousness or suffering. She then groaned and cried out faintly. She afterwards said that she was wholly unconscious, and insensible up to that time, and she seemed to be much surprised when she was told that her limb was off. She recovered rapidly, suffering less than patients usually do after amputation of the thigh, regained her strength and flesh, and was discharged well on the 22d of December.

On the same day Dr. Warren removed a part of the lower jaw. There was but little if any pain in the first part of the operation; but as it was necessarily protracted, the sensibility was in some measure restored before it was over, and from the situation of the part operated upon, it was of course impossible to allow the patient to inhale the ether a second time.

The favorable effects of the inhalation of the ether in these cases, induced the surgeons of the Hospital to continue to employ it freely from that time to the present, both in that institution and in private practice; and I may add, that they have done so without any serious accident in a single instance, and with the happiest results in most cases. Besides many other operations performed there by Dr. Warren and myself, several were done in the course of the winter, on patients who had inhaled the ether, by our colleagues, Drs. Townsend, J. Mason Warren, S. Parkman and H. J. Bigelow.

It is unnecessary, however, to enumerate these, as no one can doubt the power of ether to render most persons insensible to pain, who has read the accounts of what has been done with it both in this country and Europe, and as my object in drawing up this paper is merely to state the facts in the order in which they occurred, in relation to its first introduction into surgical practice.

I ought, perhaps, to add, that in four cases the experiments with the ether did not produce the desired effect. Two of these occurred to me at the Hospital, and the other two in private practice. The first of these was that of an elderly lady, upon whom I was about to operate for disease of the breast. She attempted to inhale it for a length of time, but it had no influence upon her. It was afterwards ascertained that there was a defect in the apparatus that was used, and that none of the vapor of the ether entered her lungs.

The second case was that of a man with a fistula in ano, who was extremely sensitive, and apparently suffered very much from the slightest examination. After inhaling the ether for a short time he became violent, like a person in a drunken delirium, so that it was not easy to control him. I was able, however, to go through with the operation, though not without some difficulty. The violent symptoms lasted for a few minutes only. He afterwards said that his suffering had not been great, and that he felt as if he had drunk alcohol to excess.

The third case was that of a young, married lady, who had a tumor, not of a malignant character, in the breast. She was of a nervous, excitable temperament, and did not inhale the ether readily. After some time she became apparently insensible, and she evidently did not feel the first incision. But as soon as I began to dissect the tumor from the surrounding parts, she struggled so violently as to render it difficult to go on with the operation. It was fortunately completed, however, without any unpleasant occurrence.

Both of these cases happened at an early period, when our experience with the ether was quite limited. I am now satisfied, that if the inhalation had been longer continued, the desired effect would have been produced.

The fourth case was that of an elderly woman, whose limb I amputated below the knee at the Hospital in January last. She inhaled the ether without difficulty, and was insensible during the first part of the operation. She, however, soon became slightly convulsed, her countenance assumed a livid appearance, and the blood that flowed from the incisions was darker colored. The mouth-piece of the apparatus was at the time in her



mouth, and her nose was compressed by an assistant. The apparatus was immediately removed, and almost at the same moment she gasped, made a full inspiration, and her consciousness and sensibility were restored. She was in a state of partial asphyxia; and on examining the apparatus, which was used that day for the first time, it was found that the air did not enter into the receiver which held the ether without breathing very forcibly, more so than the patient was able to do. So that in fact she got no air into her lungs after she had exhausted that contained in the vessel from which she inhaled the vapor. This is an accident so easily guarded against, that it will not probably happen again. The unpleasant symptoms in this case passed off in a few moments, and the patient did well.

If it should hereafter appear that no other ill effects than those that have been already noticed will be likely to occur from the inhalation of the ether, it will be impossible to overrate the value of the discovery of its applicability to the purposes of the healing art. The mere power that it possesses of rendering surgical operations painless, puts it above all price; but this is by no means its only advantage. It disarms the operative part of our calling of the terror with which it is uniformly regarded by patients; it enables the surgeon to operate with more safety, ease and rapidity; it prevents, in great measure, the shock which the nervous system experiences from severe and protracted operations, and which not unfrequently destroys the chance of recovery; and in addition to these, it will enable surgeons sometimes to operate under circumstances and in situations where it could not have been done, if the patient had been in the ordinary state. In my short experience with the ether, I have already had an opportunity of witnessing its benefits in each of these different ways.

Its power of producing insensibility has been seen in most of the cases in which I have tried it.

I have operated on patients whose sufferings have been mitigated, and whose lives will no doubt be prolonged by the operation, who would not have submitted to it under ordinary circumstances; and it will be readily believed, that a surgeon will operate with more coolness when he is confident that he is giving no pain, and he certainly can do it more safely, and with greater rapidity, when the patient is entirely at rest.

There is reason to believe that the young woman before spoken of, whose limb was removed at the Hospital after she had inhaled the ether, would have sunk from the combined influence of her previous debility and the shock of the operation, if she had retained the ordinary degree of sensibility.

But there are still other advantages. We sometimes meet with cases where the parts are so morbidly sensitive, or where they are so peculiarly situated, that an operation could not be performed in the usual condition of the system. Both of these cases have occurred to me within the last few weeks.

The first of these was that of a medical friend in a neighboring town, who had suffered for several months with a disease of the side, supposed

to be connected with caries of a rib. But the part was so sensitive that he could not bear the degree of examination necessary to ascertain the precise nature of the trouble. In fact, the slightest pressure there produced violent and spasmodic pain. He inhaled the ether, but was brought only partially under the influence of it. He retained his consciousness entirely, but the sensibility was so much lessened that he allowed me to cut down upon the diseased rib, and remove a portion of dead bone. He suffered but little in the first part of the operation, and probably would not have suffered at all during the whole of it, if he had been willing to have inhaled the ether a little longer.

About a month since, I operated on a patient for a vesico-vaginal fistula, which I am confident could not have been done had it not been for the insensibility and relaxation induced by the inhalation of the ether. The fistula was in the fundus of the bladder, and before the ether was inhaled it was found impossible to force the bladder down, so as to bring it within the reach of any instruments which would be required for the operation, and the slightest examination caused extreme suffering. After the patient had inhaled the ether three minutes, the parts became very much relaxed and entirely insensible, so that I brought the fistulous opening down to the os externum, by means of a piece of whalebone carried into the urethra. In this situation I pared the edges of the fistula, closed it with two stitches, removed the whalebone, introduced a large catheter into the bladder, and then returned the organ to its natural situation, without giving the patient the least pain, and without her being in the slightest degree conscious. The whole time, from the beginning of the inhalation to the completion of the operation, was twenty-one minutes, and I have never been able to do the operation before in much less than an hour. The ether was administered in this case by means of a sponge well saturated with it, which was held to the nose and mouth, and re-applied occasionally whenever there was any indication of returning sensibility.

This I believe is the first instance in which a fistula in the bladder in this situation has been operated on, except, perhaps, by cautery; and I am confident, though this first attempt may not be successful, that the patient can in this way be ultimately very much relieved, if not entirely cured of one of the most distressing infirmities with which human nature is afflicted.

I cannot close this article without saying, that all the patients on whom I have operated while under the influence of the ether, have recovered, and I should think more rapidly than they would have been likely to have done under ordinary circumstances. In no instance that I have seen, has there been headache or any cerebral symptoms after the inhalation, nor have I been able to discover any unpleasant effect from it. How far and in what cases it will be used in the practice of medicine, it is not easy now to determine; but that it will be employed by physicians to a great extent, I have no doubt.

*Boston, April 12th, 1847.*



## DENTAL EDUCATION IN BALTIMORE.

To the Editor of the Boston Medical and Surgical Journal.

DEAR SIR,—From the great interest you have always manifested in the progress of dental science, and in the improvements made in the art and practice of dental surgery, and from the friendly notice given in your valuable Journal of the late commencement of the Baltimore College of Dental Surgery ; and, finally, from having lately visited the last-mentioned city, and witnessed, with high satisfaction, the thorough course of instruction delivered in the institution there, I am encouraged and induced to furnish your readers with the result of my observations and inquiries upon the scheme of tuition there carried out.

The institution contemplates the thorough education of pupils in the theory and practice of dental surgery, considered as a special branch of general medicine and surgery. To this end, two of its four chairs are occupied by practising physicians and surgeons, and two by practising dentists. By the former are taught, anatomy and the principles of medicine and surgery, with special reference to those structures and diseases which are more peculiarly liable to require the aid of the dental surgeon ; by the latter, theoretical, practical and mechanical dentistry in all its departments. Precisely on the same ground that a scientific oculist is expected to be acquainted with general medicine, a well-informed dentist ought to possess similar information. As the benefit resulting from the dentist's practice must depend on his manual dexterity, especial regard is had to the imparting a complete and practical knowledge of the operative part of the art, and certainly the facilities afforded for this purpose by the College are extraordinary. Many years experience in my own case, and a course of study with the best European advantages, did not compare with the conveniences for study there proffered. Large, commodious and well-lighted rooms, with furnaces, work benches, &c. &c., are provided ; a skilful mechanical demonstrator is daily with the students for the purposes of mechanical dentistry ; he operates before the class, and, in every possible way, lays before them the best mode of practice ; while, to crown all, a dental infirmary, attached to the building, enables the students to perform the several operations under the eyes of the demonstrator and professors. The museum contains a large number of models, diseased specimens, &c., to which the students have access. In short, the College offers every desirable facility to the pupil, and the fault must be his own should he fail to acquire a proper knowledge of his profession.

The College buildings are large, well ventilated, comfortable and centrally situated. The professors feel that they have now done all that could be expected from them in order to elevate the dental art to its proper place as a branch of medical and surgical science. They have, by their own exertions, established a school which holds forth every advantage to the pupil which could be hoped for from such a foundation, and at a price far below what is commonly paid to a dentist of repute for private instruction. Whether the institution shall fulfil the intentions of its founders, and realize the hopes of its friends, must now in a great

measure depend on the exertions of scientific dentists, and of the medical profession at large, in its behalf. I have the honor to be, with high respect,  
 Your obliged and obedient servant, **ELEAZAR PARMLY.**  
*New York, April 8, 1847.*

### "THE BOOK OF THE FEET."

[Communicated for the Boston Medical and Surgical Journal.]

A REPRINT of a work with this title, said to have been very popular in London, where it was originally published, has made its appearance here, giving the public the cause of corns, bunions, and other sad ills which the human foot is heir to; also a history of the styles of boots, shoes and sandals, which are or have been worn by different nations of the earth. It is a non-professional work, or rather not a medical work, the author being J. Sparkes Hall, Boot-maker to her Majesty Queen Victoria, and other distinguished ladies of Europe. Extracts from the works of Erasmus Wilson, Sir Charles Bell, and M. Durlacher, are introduced to sustain the author's views in relation to the structure and diseases of the feet. From page 99 we quote the following:

"For upwards of twenty years, as a boot-maker, I have made the feet my study, and during that period many thousand pairs of feet have received my attention." This is very well. A little further down the page something occurs not quite so well. "Thirty-six bones and thirty-six joints have been given by the Creator to form one of these members (the feet), and yet man cramps, cabins and confines his beautiful arrangement of one hundred and forty-four bones and joints, together with muscles, elastic cartilage, lubricating oily fluid, veins and arteries, into a pair of shoes or boots, which instead of protecting from injury, produces the most painful as well as permanent results." It may not be expected of a boot-maker that he should go beyond his last, in twenty years' study of the feet; but by some means or other he has arrived at a curious estimate of the bones and joints of the feet; and as he has furnished no anatomical authority for the increased number set down, we must doubt his addition of ten to each foot, according to what we have thought the settled number. Notwithstanding this error, and some others of minor importance which are distributed throughout the work, there are some suggestions worthy the attention of medical men, and it is in this connection that we notice the *Book of the Feet* at this time.

The period of the perfect development of the bones of the tarsus varies in different individuals, and the order of development of the several bones also varies. That the use of the foot in sustaining the weight of the body at a period of partial or imperfect development, is the cause of much mischief with the feet, the medical man is well aware; but in the treatment of cases which, under the ambiguous phrase of "weak ankles," are pressed upon his notice, the seat of the difficulty is apt to be forgotten, and his plan of reparation or relief abortive. It is a frequently-repeated saying, that the medical profession is responsible for much of the quackery that exists and flourishes in our midst, and the saying is too susceptible



of proof. In some of the applications of mechanical surgery, which are too often the embodiment of fanciful or ridiculous ideas, one of the laity, who has the knowledge of the mechanic powers and of the philosophy of forces, will detect the absence of the first principles of common sense, to say nothing of other requisite qualifications, in the improved machine designed to remedy a natural defect—its action increasing the difficulty when applied, as patient and practitioner practically discover.

Do we not see trusses invented, which, if they were contrived to create a hernia, could not have been made after a better pattern? Yet are they labelled for "general cure."

Have we not recommended "bandages" and "braces," to cure prolapsus, of different organs, which, if there be any proper relation between cause and effect, are much better adapted to produce the evil, where, as is too often the case, previously to the applied means, no such displacement existed.

So with regard to the deformities of the feet, the more prominent of which requiring the division of tendons or not, are rationally treated by surgeons, because well understood. The daily recurrence of lameness in individuals with apparently sound feet, who have in vain sought relief from their boot-maker or physician, is perplexing to both parties, and not unworthy the close attention of medical practitioners. The standard works of anatomy and physiology point out with sufficient clearness the structure and functions of the foot; yet how many, who are called upon to give advice in a case similar to one to be described, reflect upon the true cause of the difficulty.

A patient, most likely a female, consults you upon a lameness, which she says increases, and has done so for some time. Her feet at times very cold, occasional numbness and prickling, and great pain whenever the weight of her body rests upon the foot; frequently, after walking, she faints, and sometimes vomits. She has worn tight shoes, and loose shoes, steel rods, used baths and medicines, worn galvanic rings, and swallowed homœopathic pellets. Still she cannot walk. Some say she has spine disease; others, constitutional irritation settled in her feet. Neuralgia comes in to the aid of some, and Marshall Hall's reflex action sustains their peculiar views. Pressure upon such points, so as to impinge upon branches of the plantar nerves, has not been thought of, for the reason that when the arch of the foot is preserved, such pressure must be rare.

Errors in diagnosis are sometimes made among the pattern physicians and surgeons of our day, as well as those who have preceded them. They are learned, experienced, not always observing, and not unfrequently attach too little importance to what may seem trifles in a trifling case—still such a case as baffles their accumulated skill, in consultation often repeated, with little benefit to the "martyr upon the altar of science," who escapes to find a remedy among the quacks. The yielding of the bones which form the arches of the human foot, is the cause of that deformity known as weakness of the ankle-joint, and resulting, if not rightly treated, in permanent lameness and increased deformity, with, at times, excruciating pain. How is the difficulty usually met? By

some combination of steel and wood, leather and screws, designed to "prop up" the ankle-joint. A contrivance to sustain the "arch" of bones would certainly seem a more plausible method, and one which the author of the "Book of the Feet" recommends. A steel spring introduced into the shank of the boot, he has found of great benefit; and in cases such as has been described, the boot-maker's hint to the surgeon is one of value—not novel, it is true, having been applied in this country for some years—and simple as it may seem, this spring of steel, properly adapted to the peculiarities of the case, will do much to restore the foot to its proper shape and strength. When a child is the subject of the "weak ankle," or, what would be a more significant name, "flat foot," the chance for perfect restoration is greater, and symmetry may yet take the place, which deformity, aided by ignorance, would usurp. This "flat footedness" in children, is more frequent in the better classes of society, probably from the more fragile style of shoe selected, which gives no support to the tarsal arch—and, at the same time, from its shape restricts the proper expansion of the metatarsal bones—thus destroying the elasticity of step, the evenness of tread, but changing the natural points of support, forcing the beautiful mechanism of the foot to perform a halting, painful, unsightly movement.

It is certainly desirable that our boot-makers should do their share in correcting the evils incident to the mismanagement of the feet. But they and others concerned should receive instruction from those who make the human body and its actions the study of their lives. Medical literature abounds. Volumes are written, by able authors, on the history and treatment of acknowledged incurable diseases, every year. The medical press is prolific enough. But concise, clear, practical treatises on common minor departures from normal conditions, are too rare, to meet the requisition of the medical student. A young practitioner, and the individual who may discourse profoundly on the microscopic anatomy of the glands of Pacchioni, may fail to answer with propriety the question of his patient under treatment for weak ankles, who asks why she suffers so much pain in walking, and is free from it when at rest.

We like the idea of a boot maker studying the anatomy of the foot. We have long thought it necessary; for a boot or shoe made after some patterns that we see, must interfere with the action of the delicate machinery connected with progression, and become an instrument of torture, which no power but the iron will of fashion would suffer to be in use, in any civilized country. It is not pretended that all deformities of the feet, or all misshapen ankle-joints, result from error in bones of the tarsus; nor do we intend to enter into an inquiry, at this time, respecting the causes of other "foot troubles." But the advent of the "Book of the Feet," from a non-medical pen, induced us to invite the attention of such of the profession to it as have not given the subject sufficient thought, which may be productive of good to their patients and themselves. J. S. J.

*Boston, April 15, 1847.*



## IRREDUCIBLE HERNIA.

By G. Heaton, M.D.

[Communicated for the Boston Medical and Surgical Journal.]

IN medical language, a hernia is called irreducible when it is incapable of being returned into the abdominal cavity by outward pressure. The great inconvenience which results, the suffering, the danger to life, the anxiety, incapacitating the individual for active exercise, and thus constituting a source of constant apprehension, are well known to the medical practitioner. The following are some of the causes which I will mention, that tend to induce the abnormal condition of the protruded parts. Increased volume of the hernial protrusion, preternatural adhesions of the contained parts to each other or to the sides of the hernial sac, and surrounding parts, and membranous bands form across the sac, thus preventing reduction in these cases. In irreducible ruptures of long standing, the omentum and mesentery gradually descend into the sac, and become thickened and enlarged beyond the constricted portion or neck, proving a great obstacle to reduction. By whatever cause, sudden or otherwise, a hernia becomes irreducible, the patient is subjected to much suffering and danger.

A few months since, a single lady, living near Boston, aged about 30 years, very delicate and spare habit of body, and nervous temperament, was placed under my care for relief. She had been troubled for about two years with an irreducible femoral or crural hernia of the right side, the size of a pullet's egg, and not being willing, until now, to make her case known, went about without any external support to the parts. Her severe suffering, at irregular intervals, with colic pains, nausea, constipation, &c., could only be removed by taking the bed, and sending for her physician. Previous to my seeing the patient, a consultation of medical gentlemen had been called, and every effort at reduction made, but without success. A hollow-padded truss was decided upon, carefully prepared, and applied to the parts; but could not be worn with any ease or comfort in consequence of the irritation and soreness which it produced. On this account, the patient was obliged to lay it aside, and resort to the bed as the only relief, while she continued to lose flesh and strength daily. Upon examination, I found the swelling quite hard, or inelastic, which was supposed to consist of omentum. After the trial of some additional remedies, with the application of ice to the part, horizontal posture, &c., without any good effect, I decided to cut down and dissect away the adhesions, and return the protruding mass. The operation was commenced in conformity with the wishes and advice of her relations and physician, assisted by my friend Dr. J. W. Warren. The incision was made at nearly right angles with Poupart's ligament, exposed a thin, superficial fascia, which I divided, but in cutting further, and coming down upon the omental portion of the protrusion, everything seemed changed from the healthy and natural state, in consequence of adhesions of a strong and cartilaginous nature, running apparently through every part concerned in the operation, and firmly binding them together. The remaining steps in the

completion of the operation consisted in carefully separating and dividing, fibre by fibre, with the scalpel, till I reached the crural ring or neck of the hernia, which was divided freely directly upward, and the parts returned, after great exertion, into the cavity of the abdomen. The lips of the wound were now brought together and retained with sutures and bandages, and the patient carefully placed in bed. She bore the operation as well as could be expected under all the circumstances of the case, and but little blood was lost. No unfavorable constitutional symptoms appeared during her recovery, which was very rapid. A radical cure was accomplished in three weeks, and in four weeks' time the patient was able to walk about the city, without wearing any truss or external support of any kind to the hernial region. She continues well.

A married lady, from Grafton County, N. H., aged about 44 years, recently consulted me in consequence of a large hernia, situated in the left inguinal region, which had existed for sixteen years; and also a small hernia of the right side, which was becoming troublesome, and of about two years standing. That of the left side, as patient stated, had remained irreducible for more than nine years, causing great suffering from time to time, and disabling her for active exercise, thus destroying her general health and usefulness. She had been under the care of some of the most eminent surgeons of her State, besides consulting one or two of Philadelphia, but could obtain no permanent relief, owing to the impossibility of returning the protruding parts. Trusses with hollow pads, bandages, &c., had been almost constantly worn, to the great annoyance of the patient. Upon careful examination of the tumor or hernial mass, I found it to be soft and quite elastic to the touch, strictly indicating the presence of bowel. The sensations produced on pressure were described by the patient to be very disagreeable, and referred to the bladder, with nausea at stomach, &c. The opening through which the hernia descended was above Poupart's ligament, in the inguinal space, and at first seemed difficult to be recognized, and located with certainty, on account of the spreading out and size of the hernia beneath the superficial integuments. After making use of the necessary preparatory steps or treatment in the case, and much perseverance, I succeeded in reducing the tumor by the taxis and the sub-cutaneous operation. The operation caused but little uneasiness to the patient; but the reduction was accompanied with severe pain and a gurgling noise like that of the return of the bowel in other but similar cases. The effect of the operation upon the parts, with some additional scarifications after reduction, caused an attack of inflammation, which confined the patient to her bed for about two weeks. In the mean time the other side was operated upon in a similar manner, with entire success, and the patient in about six weeks allowed to walk about the city, and also to return home. She continues entirely well of her hernia, and has no necessity of any further use or application of trusses, &c.

*Remarks.*—I cannot agree with many surgeons of eminence who think that an irreducible hernia should be left to itself. It must of course be exposed to all the consequences of external injury and violence, and hence a variety of cases are recorded in which the bowels have been



burst by blows, &c., and lives lost. Its bulk and gradual increase, in most cases, are sources of great inconvenience, and the constant liability to strangulation exposes the patient to danger. Trusses with hollow pads, and bandages, are and may be recommended; but they do not, and cannot, give relief, however well or scientifically applied. Agreeably to my experience in these cases, in many years practice, we need not despair of returning a rupture of long standing, with safety to the patient, even when adhesions exist to a very great extent.

*Boston, April 15th, 1847.*

FOREIGN MEDICAL HONORS—THE HYDROPATHIC ESTABLISHMENT  
AT BRATTLEBOROUGH, VT.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—I take the liberty to ask of you the insertion of the following questions in your valuable Journal—questions which I put to “Doctor” Rob. Wesselhæft, formerly one of the officers of the Criminal Court in Saxon-Weimar, now director of the Watering-place, Brattleborough, Vt., for the sake of my own information and the correction of errors, under which all his acquaintances in Germany seem to labor. Miss Catharine E. Beecher might perhaps have been led, by some cause or other, into mistakes, which by all means ought to be corrected.

1. Which German university was it at which “Doctor” Wesselhæft received a *thorough and extensive medical education*?

2. By which government was R. W. examined and licensed to practise medicine? As far as I know, Dr. W. has never been in the moon.

3. Where did W. practise (of course, medicine) five years?

4. Who were the gentlemen in connection with whom he contends to have been attached to civil and military hospitals?

5. Where are these civil and military hospitals?

6. Which government appointed Dr. W. to investigate the claims of several water-cure establishments?

7. Where is only one of those most celebrated establishments in which Dr. W. is said to have resided several months, and when?

8. Is not his five weeks’ residence with Dr. Fitzler in Ilmenau (which cannot properly be called a water-cure establishment, as every one in Germany knows), all the time he lived in any water-cure establishment?

Hoping that you will kindly excuse my intrusion into your pages, with my desire for information in regard to assertions which affect the public welfare, I have the honor to sign myself, with due respect,

*Philadelphia, 6, 4, 1847.* Your ob’t serv’t,

DR. CHR. CHS. SCHIEFERDAKER,

Corresponding Member of the Society of Scientific Hydropathists in Germany.

COLD WATER IN THE TREATMENT OF HERNIA.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—In the month of August, 1846, I had been absent from home, and returning late in the evening, after unharnessing my horse, stepped to the

waggon to adjust the harness therein. I came in contact with a projection on the fore part of the same, which struck me on the right groin, and caused a very painful inguinal hernia. It was with much difficulty that the intestine was replaced; this being done, I immediately secured it with a compress of several thicknesses of cotton cloth, wet with cold water. I then took one of the Shaker Rocking Trusses, which I carefully applied, and continued to keep the cloths wet for nearly two weeks. I found the soreness and pain left me, and I left off the compress of cloth, but still continued to wear the truss. In two months I was sound as ever, and experienced no more inconvenience than I had formerly; yet I still wear the truss.

I attribute the cure more to the cold water than anything else, though the truss was undoubtedly an agent in keeping the intestine in its place, and closing the orifice of the rupture. I am, with due respect,

March 10, 1847.

PETER FOSTER.

#### UNIVERSAL SPASM OF THE BODY.

[FROM the notes of a visiter, the following account of the anomalous condition of Sarah Purbeck, of Salem, Mass., has been abbreviated. Miss Purbeck is represented not to have slept for a moment, nor been free from pain, for fifteen years. Her body and limbs are in perpetual motion—and almost all the joints in her body have been dislocated thousands of times.]

When I entered her room, she was sitting up in bed, and her right arm, hand and fingers were twisting about in every direction; presently she leaned forward and threw herself back against the headboard, as if determined to break her head. The headboard was within an inch or two of the wall, and though a large, well-stuffed pillow was placed against it, when her head struck the pillow it was with such force that the bedstead struck the wall, causing the whole house to tremble. During ten minutes that I sat there, she was thrown back in that manner over thirty times. It appeared to me that each blow of her head against the pillow, board and wall, was sufficient to stun a common person, yet she hardly appeared to notice it.

During the intervals between these spasms her right arm, hands and fingers were twisting about, and her right shoulder and under jaw were drawn out of joint and in continually, the bones rattling and grinding together with a noise that could be heard in other rooms, as I was told by several present. Being deaf I could not hear them, but by placing one hand on her cheek and the other on her shoulder, I could feel the grinding and crackling as the muscles keep them in constant motion.

Sometimes her jaws are locked several hours and even days; and at one time, if I remember right, they were locked twenty-five days, when all the nourishment she took was through the aperture caused by the loss of a tooth.

Her jaws have been so often dislocated, she can bite nothing except



when the contraction of the muscles throws her teeth together, and then her tongue is often caught between her teeth and severely bitten. She takes no nourishment except in a liquid state, and that with the greatest difficulty, as it causes strangulation, spasms, and severe distress.

These spasms sometimes throw her from her bed to the plastering over head, and sometimes on to the floor, and any attempt to hold her increases her agony.

Her hand is sometimes thrown up into her face with such force as to bruise her face and break the skin, and one of her eyes has thus been destroyed.

While conversing with her, her jaw was thrown out of joint, and drawn down in a most shocking manner, and she was thrown back three times with such force as caused the whole house to shake, and the moment the spasm ceased she finished her sentence, commencing at the very word where the fit had interrupted her, and with so calm a voice, that I asked her, in astonishment, if she felt no pain when thus attacked. She said the pain was so excruciating, if she would give way to her feelings, her screams might be heard half a mile; but as that would only distress others, she had learned to be quiet.

Her father is over 90 years of age, and had a shock of palsy, from which he had partially recovered when I saw him. Her mother is over 70, and has had the care of this suffering child until prevented by sickness within a year and a half. At the time of my visit she was confined in the same room in a very feeble state.

## THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, APRIL 21, 1847.

*Inhalation of Gases in Surgical Operations.*—Within a few days a neat duodecimo pamphlet has been circulating, with the following title—"A history of the discovery of the application of nitrous oxyde gas, ether, and other vapors, to surgical operations, by Horace Wells," of Hartford, Conn., which has created some sensation in certain scientific circles. The pages are principally filled with testimonials of the very highest order, with a view to proving the priority of the author's claim to the honor of having made use of some if not all the innocuous gases, to lessen the amount of suffering in surgical operations. Dr. Wells's first manifesto, in which he declared that he visited Boston and exhibited his discovery to Drs. Jackson, Warren and Hayward, and which appeared in this Journal at an early period of the ethereal war, is repeated, in connection with facts of no small value in establishing a claim to the honor of priority of discovery. Not wishing to interfere with the interest the pamphlet is calculated to produce, we have not copied the affidavits, although entitled to much consideration. Since the value of the patent is likely to be of no importance, the next point to be decided is, who is to enjoy the honor of having been the discoverer? There are so many claimants, and the glory is already spread out with such tenui-

ty, that neither parliaments nor learned societies will be very likely to recognize any one as a beneficiary in the way of medals or diplomas. We deplore the excited state of feeling existing among the gentlemen contending with their pens for the disputed territory. Several approached the point of discovery, it seems, nearly at the same time. Dr. Wells struck upon the nitrous oxyde gas, according to the observations of his antagonists, instead of ether, which was a near approach and unquestionably had an influence in leading the way to the great results that followed. A hostile array of pamphlets may now be anticipated, of which this is only the advanced guard.

---

*Triumphs of Young Physic.*—William Turner, Esq., A.M., M.D., late Health Commissioner of the city and county of New York; member of the N. Y. Med. Society; American editor of the Principles of the Chrono-Thermal system of medicine, &c. &c., has favored mankind with a pamphlet of "Chrono-Thermal facts, or the Triumphs of Young Physic," which quite takes us by surprise. It is a kind of bombardment of allopathy, but the author has had the humanity to define his position, that Old Physic may know what to expect on all coming occasions. So many new schools of practice are rising into notice, claiming to be Young Physic, that whoever would keep up an acquaintance with them all, should fortify his memory with a memorandum book. After examining this record of cures by Dr. Turner, comprising pages of certificates from patients who have been under treatment, we are convinced that they are like the testimonials of newspaper notoriety, sent forth for a selfish end, and not for the noble and praiseworthy purpose of advancing the science of medicine. What course do the Chrono-Thermal physicians pursue with the sick? Will some one, in the city of New York, have the goodness to furnish us with a brief general plan or process of managing disease under the advice of one of these Young Physics, and we shall then refer to Dr. Turner's publication with a better understanding.

---

*"The Mass. State Record and Year Book of General Information."*—In the character of an index to every thing in the Commonwealth, as associations of all sorts and kinds, embracing the names of the guiding stars in each, from the governor down to a parish sexton, there is no other work known to us so copious and satisfactory as this. It must be of daily utility to our medical friends throughout the State, and it is recommended to their notice. It gives the name of every physician in Massachusetts, and his location, with but a few exceptions, accompanied by a catalogue of societies in which medical men are more or less interested. It is one of the marvels of the day, however, that the Berkshire Med. Institution should have been overlooked. But there is a ready apology for Mr. Capen, when it is recollected that this is the first in a contemplated series of Year Books, and it is a difficult matter to collect all the statistics of Massachusetts, which is a perfect bee hive of industry. Next year the Record will unquestionably far surpass the first volume in copiousness and minuteness of detail. For the physician's table it is an uncommonly useful daily guide to men, institutions and things in Massachusetts.

---

*Chairs for Schools.*—Through the unwearied exertions of Joseph W. Ingraham, Esq., an efficient member of the Boston Primary School Com-



mittee, chairs have been introduced into our public schools for children. Strange, with the foresight and characteristic wisdom of our Puritan forefathers, that they should have overlooked the comfort of a school seat with a back. From generation to generation, we have all received our primary literary knowledge, on a wooden bench; and how many well made heads have been spoiled by blows from the ruler of impatient mistresses and exacting pedagogues, because the weary little urchins under their guidance did not always maintain an exact perpendicular attitude, no record remains to show. Certain it is, however, that backs, bones and limbs have more or less been permanently injured, and even distorted, in the school room, in consequence of the neglect of the proper authorities to furnish chairs. Thanks to an enlightened age and the progress of common sense in our city, seats have been introduced at last, properly constructed. Mr. Wm. G. Shattuck, No. 80 Commercial street, manufactures these admirable chairs, and we heartily recommend them to the immediate patronage of all school committees in New England.

---

*The Boston Pill.*—No class of men exhibit more striking ingenuity than the manufacturers of nostrums. Their tact in forcing vile compounds into the stomachs of the vulgar multitude, exceeds the generalship of Santa Anna. Some cunning fellow has lately brought to market his Boston pills, which appear, from the description of their effects, to be, as usual in such cases, quite astonishing. It would seem impossible that people could be found in this intelligent community to be the dupes of these designing pill manufacturers; but mortifying as the fact is, the city abounds with a multitude of men and women, of apparent intelligence, who run eagerly for the last advertised medicine. They are always under the influence of the newest secret remedy. The Boston pill is the prominent topic in a quarto sheet circulating the streets, in which the laudations of the article are unmatched specimens of Yankee contrivance for making sales. Even a piece of poetry has been manufactured to suit the case, that leads off in martial spirit thus:—

“Shout! shout ye afflicted, hurrah!  
Shout! shout it from valley and hill,  
Shout! shout till the sound fills the air.  
Hurrah! here’s the great Boston Pill.”

---

*Medical Book-making.*—After a period of bibliographical repose of some months, new books begin to heave in sight. This is gratifying, because it looks like thrift with the trade, and activity among authors. It has become a distinct department of trade to construct medical books, as any person may discover when six or a dozen new treatises are manufactured out of one. Americans have the reputation of being wonderfully ingenious in this way. But a candid examination of the whole ground leads us to the opinion that as much originality is discoverable in the medical works of the United States, as in those of Europe.

---

*New Publications received.*—It is inconvenient to do more at this time than acknowledge the receipt from Messrs. Lea & Blanchard, Philadelphia, of the following work—“Lawrence on Diseases of the Eye, by Dr. Hays; Practical Diseases of Children, by Dr. Condie, a new and augmented edi-

tion; and Wilson's General and Special Human Anatomy, third edition, by Dr. Goddard. The profession in America is greatly indebted to this publishing house for the number, value, and reasonable prices of standard works sent out by them, on medicine and its collateral branches.

---

*Delegates to the Medical Convention.*—At the last quarterly meeting of the Middlesex District Medical Society, the following persons were chosen to attend as delegates the Medical Convention in Philadelphia, next May:—Elisha Huntington, M.D.; John W. Graves, M.D.; Nehemiah Cutter, M.D.; Josiah Curtis, M.D. Dr. Huntington was chosen, also, a delegate to represent the State Society.

---

*Preliminary Medical Studies.* (To the Editor of the Boston Medical and Surgical Journal.) DEAR SIR,—Physicians in the country have frequent applications from young men, more or less promising for their talents and attainments, for *induction* into the study of our profession. A majority of them are unable to repair at once to our cities, or the neighborhood of medical colleges, where, no doubt, they would find the best facilities; but must economize their resources by a less expensive preliminary preparation. Many physicians are competent to mark out at once the *definite* plan of study—the most desirable elementary books—the amount of time, or rather of *achievement*, desirable, before attending a *first* course of lectures; and indeed, to decide, satisfactorily, many other questions highly important to the future success of these young applicants, and I might add, to the honor of the profession, and the safety of community. I am induced to make these suggestions by noticing your abstract of Dr. Clarke's Introductory, at the Boylston Medical School, which contains much obvious and important truth. Can you better serve the profession, or the public, than by furnishing for the Journal, some general outline for the assistance of country physicians, and for the benefit of their pupils? Yours respectfully,

St. Albans, Vt., April 10, 1847.

J. L. CHANDLER.

---

*National Medical Convention.*—It will be remembered that the National Medical Convention held in New York, May, 1846, adjourned to meet in Philadelphia, May, 1847. We have no disposition now to enter into an exposition of our views on the subject of "medical reform"; and although it is evident that many things might be improved, still we have not much faith in the ability of the Convention to abrogate the evils which are known to exist. Some of the schemes for reform proposed by the last Convention, we regard as having a detrimental, instead of beneficial, tendency; others are obviously impracticable, however desirable; while a few may be carried into practical operation. Such is the character of our civil and social institutions, that they offer insurmountable barriers to the accomplishment of several of the proposed measures.

Notwithstanding these doubts and misgivings, which we believe are entertained generally by the faculty here, still Transylvania University is willing to contribute her part towards the accomplishment of any measures which may tend to elevate the profession of medicine; and with this feeling, Professors Mitchell and Bartlett have been appointed delegates to attend the Convention.—*Western Lancet.*



*Remedy for Toothache.*—To a hundred grammes of sulphuric ether, in which as large a quantity as possible of camphor has been dissolved, add two or three drops of ammonia; thus is obtained a camphorated ammoniacal ether, which, if applied to carious teeth, immediately relieves the pain. M. Cottureau, who is the author of the preparation, has used it in great numbers of cases with invariable success. The ether evaporates so rapidly that a layer of camphor is left in the dental cavity, which, although too light to incommode as a foreign body, is sufficient to protect the denuded nerve from the air. Besides this, the ammonia acts as a cautery. The solution should be kept in a perfectly-closed glass bottle.—Dr. YANDELL'S *Letters from Paris, in Western Journal*.

*Medical Miscellany.*—Dr. Charles C. Allen is writing in the New York Dental Recorder upon the manners of dentists, which, in some instances, he thinks might be improved.—Most of the honey in Russia, which is far more delicious than ours, is of a green color, and made by wild bees located among linden woods.—The Norway Advocate states that a young lady in Portland, Me., had 32 teeth extracted at one time, while under the influence of ether. This was the full complement which nature gave her.—Dr. S. H. Pennington, of New Jersey, has prepared an elaborate report on the physical education of children.—Dr. Martyn Paine, of New York, was to have sailed this week for Europe, on account of impaired health.—Permission has been granted at Schaffhausen, Switzerland, to sell the flesh of horses, asses and mules, for food.—There are nearly twice as many men as women in St. Petersburg.—The average annual mortality in England is 1 in 45.—The number of deaf and dumb persons in the world is supposed to be not far from 540,000.—A bulk of carbonic acid gas is expired by a healthy adult in twenty-four hours, equal to 15,000 cubic inches—or six ounces. This is at the rate of 137 pounds avoirdupois per annum. The whole human race, therefore, would send off, in solid charcoal, in a year, 46,482,143 tons!—Dr. Wm. O. Baldwin, of Montgomery, Ala., has written, in the American Journal, a paper on the poisonous properties of the sulphate of quinine.—Priessnitz, the originator of hydropathy, is sick, and the fear is that his own remedy will not save him.—Delegates to the National Medical Convention are reminded that the first Wednesday in May is the time appointed for meeting, in Philadelphia.

TO CORRESPONDENTS.—An obituary notice of the late Dr. May, Dr. Dixon's paper on Irritable Urethra, and Dr. Petit's cases of poisoning by opium, have been received and will have an early insertion.

DIED.—In Boston, Benjamin Shurtleff, M.D., 72.—At Cincinnati, Noah Worcester, M.D.

MARRIED.—At Roxbury, William Prescott Dexter, M.D., of Brookline, to Miss Margaret Austin, of Charlestown. At Hanover, N. H., Abner Hartwell Brown, M.D., of Lowell, Mass., to Miss Susan Augusta Shurtleff.—In Galveston, Texas, Dr. R. Watson, killed in an affray.—In Carolton, Geo., Sylvanus Hunter, M.D.—At Rushville, Ky., Dr. James W. Wilson, murdered in his office by some person unknown.

*Report of Deaths in Boston*—for the week ending April 17th. 66.—Males, 33—females, 28. Stillborn, 5. Of consumption, 7—typhus fever, 13—lung fever, 8—scarlet fever, 1—convulsions, 2—infantile, 4—accidental. 1—dysentery, 1—marasmus, 1—old age, 2—cancer, 1—measles, 2—croup, 1—smallpox, 1—canker. 1—disease of the brain, 3—disease of the liver, 2—dropsy on the brain, 2—teething, 3—pleurisy, 2—intemperance, 1—burns, 1—tumor, 2—child-bed, 1—apoplexy, 1—influenza, 2.

Under 5 years, 20—between 5 and 20 years, 11—between 20 and 40 years, 15—between 40 and 60 years, 13—over 60 years, 7.

*The Famine in Ireland.*—The mass of the poor population of Ireland is in a state of starvation. Gaunt Famine, with raging Fever at her heels, are marching through the length and breadth of the sister island. The British public, under the form of clubs, committees, and relief associations, are actively engaged in sending food to the famine districts. All this is done without boasting or ostentation. But parliament, and the executive, in the midst of the best intentions, seems to be agitated by a spasmodic feeling of benevolence, at one time adopting public works, at another preaching a poor-law,—now considering the propriety of granting sixteen millions for railways; and then descending to M. SOYER, the chief cook of the Reform Club, with his ubiquitous kitchens and soup, at some three farthings the quart, which is to feed all hungry Ireland.

As this soup-quackery (for it is no less) seems to be taken by the rich as a salve for their consciences, and with a belief that famine and fever may be kept at bay by M. SOYER and his kettles, it is right to look at the constitution of this soup of pretence, and the estimate formed of it by the talented, but eccentric, self-deceived originator. M. SOYER proposes to make soup of the following proportions:—Leg of beef, four ounces; dripping fat, two ounces; flour, eight ounces; pearl barley, eight ounces; brown sugar, half an ounce; water, two gallons.

These items are exclusive of two onions, a few turnip parings, celery tops, and a little salt, which can hardly be considered under the head of food. The above proportions give less than three ounces of solid aliment to each quart of the soup à la SOYER. Of this its inventor is reported to have said to the government, “that a bellyful once a day, with a biscuit, (we quote from the *Observer*,) will be *more than sufficient* to maintain the strength of a strong healthy man!”

To bring this to the test. Organic Chemistry proves to us that the excreta of solid matter from the body of a healthy subject, by the eliminatory organs, must at least amount to twelve or fourteen ounces; and organic chemistry will not, we fear, bend to the most inspired receipts of the most miraculous cookery book. To supply the number of ounces, without which the organic chemistry of the human body will no more go on than will the steam-engine without fuel, M. SOYER, supposing each bellyful of his soup for the poor to amount to a quart, supplies less than three ounces, or less than a quarter the required amount, and of that, only one solitary half ounce of animal aliment, diluted, or rather dissolved, in a bellyful of water. Bulk of water, the gastronome may depend, will not make up for deficiency of solid convertible aliment. No culinary digestion, or stewing, or boiling, can convert four ounces into twelve, unless, indeed, the laws of animal physiology can be unwritten, and some magical power be made to reside in the cap and apron of the cook, for substituting fluids in place of solids, and aqua pura for solid aliment, in the animal economy.—*Lancet*.

---

*The Stethoscope.*—Mr. Shillitoe, of Hertford, ingeniously suggests that the following very curious extract, from No. 201 of the *Philosophical Transactions*, contains the germ of Laennec's immortal discovery:—“A ready way to find a leak in a ship, is to apply the narrow end of a speaking trumpet to the ear, and the other to the side of the ship where the leakage is supposed to be; then the noise of the water issuing at the leak will be heard distinctly, whereby it may be discovered.”



# THE BOSTON MEDICAL AND SURGICAL JOURNAL.

VOL. XXXVI.

WEDNESDAY, APRIL 28, 1847.

No. 13.

## THE LATE DR. FREDERICK MAY, OF WASHINGTON.

[Communicated for the Boston Medical and Surgical Journal.]

At a meeting of the Medical Society of the District of Columbia, held January 25th, at the Washington Infirmary, Dr. James C. Hall, one of the Vice Presidents, in the chair, the death of Frederick May, M.D., the late President of the Society, having been announced by the Chairman—

On motion of Dr. Miller, a committee was appointed to draught resolutions suitable to the mournful occasion.

The Chair appointed Drs. Miller, Jones and Reily as the committee.

Dr. Miller, on the part of the committee, presented the following biographical sketch and resolutions :—

It becomes our painful duty to announce to you and the Medical Society the loss we have sustained by the death of our beloved and venerable President, Dr. Frederick May. He died on the 23d instant, at 9½, P. M., in the 74th year of his age. Dr. May was one of the oldest residents of this city, and the oldest physician in it. Soon after the attainment of the degree of M.D. at the college in his native State (Massachusetts) he removed to this city, and settled in the practice of his profession. This occurred as early as the year 1795. At this period our city was a mere wilderness, and we believe he was the only practitioner of medicine. Soon he succeeded in securing the confidence of those then resident here; and, as the city increased in population, so did he add to his popularity and professional usefulness. He was for many years *the* physician and surgeon of Washington, and attended the most distinguished men of the country, assembled here at the seat of government. In the even tenor of his way he passed on, with his professional standing ever gaining as he increased in years, and he saw spring from the wilderness a magnificent city.

In the year 1823, upon the establishment of a medical school in this city, he was appointed to the Chair of Obstetrics. In this he distinguished himself as a lecturer. As such, by the soundness of his doctrines, and by the beautiful and classic style of his lectures, by the urbanity and gentleness of his manner, he commanded the regard and confidence of his associates, and the admiration of his pupils. He continued his labors as professor in this school until its re-organization, which took place in 1839. Though solicited to retain his position, he declined, but continued to pursue the practice of his profession till overtaken by infirmities, induced rather by laborious professional life than by the effects of age.

Within the last year of his life he had withdrawn from its active duties, having filled the measure of his highest ambition by the attainment of an enviable position in his profession; by having reared to maturity and usefulness a numerous offspring; by having acquired the love and esteem of a large circle of friends, and among them the whole medical profession of this city; and last, not least, by having secured, as far as in his power lay, the hopes of a blessed immortality. He lived a bright example to his professional friends and brethren; and when called to yield his spirit to his God, he proved the importance and value of a well-spent life. We are aware that custom has sanctioned elaborate and high-sounding praise of the merits and deeds of the dead; that overweening zeal often leads us to attach too exalted a value to the actions of deceased friends. In the present instance the charge cannot be alleged, for we have but to speak the truth, and that truth will be praise enough; and by it, if but accurately portrayed, we shall recognize the man while living.

The life of medical men in private practice presents but few incidents from which to make an interesting or lengthened biography; but when these are characteristic, and serve as beacon lights by which rising generations may be governed, they should be shown forth. In the life and character of our friend, we have an example most worthy of imitation; his early struggles, distant from home and from friends, with no superfluity of earthly riches, surrounded by strangers—yes, even in a wilderness attaining, by his exertions and his merits alone, the highest honors and distinctions of his profession; and when, in after years, this wilderness had grown into a city, and he to compete with men of distinction in his profession, and still to retain so high a rank as to be looked upon as the guide—ay, as a patriarch of that profession—having for his reward wealth, the esteem and confidence of all his professional brethren, and this the result purely of his own exertion and merits.

It was *not* by the possession of ordinary talents and professional skill that this was attained; it was *not* by assumption that it was arrived at. No: it was by his untiring zeal in the profession—his interest in its welfare, and by that constant and uniform courteous bearing (so characteristic of him) to all the members of the profession, that gave him the confidence and esteem of those nearest his age and standing, whilst these, together with his *marked* consideration for the juniors in the profession, gained him their warmest regard. No one ever possessed the latter quality in a higher degree than did Dr. May. None ever more ready to extend assistance, to inspire and sustain laudable ambition in the enterprising aspirant for fame in his profession, and none ever more prompt or more successful in placing before such, bright example and sound precept.

As evidence of the high esteem entertained for Dr. May, by his professional brethren of our city, there was seldom a post of honor or distinction at their disposal for which he did not receive the unsolicited and unanimous voice of the profession. Over our medical councils he was ever called to preside. At the period of his death he was the presiding officer, not only of this body, but the Medical Association of Washington. In all conferences of the profession for the promotion of its interests and



welfare, he was ever consulted, and his views appreciated. But recently he was re-elected President of this Society, although it was known that he was unwilling to accept this office, lest he should be incapable from ill health of discharging its duties. Yet he was unanimously re-elected, and a complimentary notice accompanying the announcement of his election was received by him but a short period before his death. These marks of distinction were fully appreciated by him, and he never allowed an opportunity to escape that he did not, in his unassuming and unostentatious manner, acknowledge them.

The early education of Dr. May, as is the case with all the profession in this country, fitted him for the practice of its several branches. Whilst he engaged in the duties of a general practitioner, he, at an early period of his professional life, became particularly devoted to obstetrics and diseases of women. In this branch he became most distinguished, and was most extensively and successfully engaged. Few can boast of possessing a more extensive confidence among the female sex than he, and none more deservedly. As an obstetrician he was unsurpassed—patient, trusty, yet skilful and firm. His example will be long remembered by his contemporaries, while the succeeding generation will have much to regret, in the absence of any written record of his observation and experience. In his professional intercourse we have said that he was courteous; to his patients he was mild, gentle, conciliating in his manners, observing always the utmost delicacy. To his professional brethren the word *courteous* can scarcely convey a proper idea of his course of conduct. Conciliating, dignified and confiding, prompt and punctual in his professional engagements, he was seldom ever known to be a minute before or after time; he often would impress on his juniors in the profession the importance of the observance of punctuality, and, when it was not observed, his gentle chiding and admonition gave rather pleasure than offence. In his intercourse with society he was much restricted, his time being so wholly devoted to his professional duties, though none, we are informed, in the earlier periods of his life, enjoyed social intercourse more than he. Honorable and just in all his dealings, he maintained the highest respect and regard among his unprofessional friends. In his habits regular and temperate; in this respect, being a bright example not only to our profession but to the community at large. It was, however, in his private relations that the character of our friend shone most beautifully. Though actively engaged in the duties of an arduous profession, yet he so arranged his time as to be able to enjoy the social pleasures of the family fireside.

Deprived by death early in life of the partner of his bosom, he devoted himself closely to the education of a large family of children, who by his paternal care were reared to maturity and usefulness, and who now prove themselves the not unworthy offspring of a most honored sire. Tutored by such a hand, who could have expected otherwise of them? To his friends it is peculiarly gratifying, and to himself it was a source of great comfort, that he should have lived to have experienced the completion of his efforts for his family. More than once he would express his thankfulness and gratitude on this point, and conclude by saying that he had

nothing now to live for ; that he had fulfilled the duties assigned to man ; that he had completed his task, and was now ready and willing to depart. It was true, indeed, that he had fulfilled his duties to his country, his profession, his family, and his God.

It was our melancholy privilege to witness the last moments of Dr. May. For more than a year has his life been ebbing. Several attacks of disease enervated a constitution already shaken by laborious professional duties, which he was now compelled to relax ; though up to within a few months past he continued to give advice to a few friends, or meet his brethren in consultation. About the first of November it became necessary for him to confine himself to the house for a very slight indisposition. From this time he rapidly emaciated without an assignable cause, without suffering a single pang, and this condition existed to the last : gradually day by day he declined, looking forward for the approach of death, of which he spoke familiarly. But one wish on earth remained ungratified. It was to see his sisters and brother. With the greatest anxiety he watched their coming, hoping that they would reach here whilst he was in the enjoyment and possession of his faculties. This wish *was* gratified ; they came, he recognized them, conversed with them, blessed them, and then slept that long sleep of death, from which he will only be awakened by the last trump.

Dr. M. then moved the following resolutions :

*Resolved*, That the Medical Society of the District of Columbia have heard with deep emotion the annunciation of the death of their venerable President, Dr. Frederick May.

*Resolved*, That in testimony of respect, the members of the Medical Society will in a body attend the funeral.

*Resolved*, That they will wear the usual badge of mourning upon the left arm for thirty days.

*Resolved*, That these proceedings be published in the city papers, and the Boston Medical and Surgical Journal, and recorded in the minutes of the Society, and that a copy be transmitted to the family.

*Resolved*, That as a further token of respect the Society do now adjourn.

Dr. Young having seconded the motion to adopt the resolutions, made some appropriate remarks, in which he mentioned his peculiar relations to the deceased, having been his private pupil, and also one of his class while Dr. May held the situation of Professor of Obstetrics in the Medical Department of Columbian College. Dr. Y., after having recounted the various virtues of the deceased as a man and as a physician, alluded to his eloquence as a lecturer, and mentioned as an evidence of his abilities as a public speaker, that he had seen the whole class of medical students in tears while Dr. May was lecturing on a subject connected with his peculiar department of medicine.

Dr. Reily also added his testimony, to those who had preceded him, of the high professional honor and courtesy of the deceased.

The resolutions were then unanimously adopted, and the Society adjourned.

JOSEPH BORROWS, *Recording Secretary.*



## "THE BRONCHITIS WAR."

[Communicated for the Boston Medical and Surgical Journal.]

HAVING at length obtained the name of "M. Mattson," in lieu of the *stat nominis umbra* of Dr. Green's champion, protege and pupil, and being thus enabled to brand the author, that he may bear the mark of mendacity which he has earned, I proceed to the infliction by specifying the following items of wilful falsehood, of which he is self-convicted in his last article.

1st. "Dr. R. commenced! this warfare by assailing Dr. Green *anonymously* in the columns of a *newspaper*, a species of huckstering which even Brandreth or Dr. Dow might well be ashamed of." The fact that the "warfare" was "commenced" by the ready-made puffs furnished to the *newspapers* simultaneously in city and country by Dr. Green's publishers, to forestal criticism, has been proved in your Journal, and my first article was in rebuke of this precise contemptible "huckstering." All which was known to this M. Mattson, so that his accusation was deliberately made knowing it to be false.

2d. The "encomiums of Professors Mott and Revere," have never been pronounced except in the fictions of M. Mattson, and I have authority to pronounce the use of the former gentleman's name wholly fictitious. Dr. Mott, in common with the whole profession in New York, estimates the "merit" of Dr. G.'s "discovery" as it deserves.

3d. No "review" of the book in question was ever published in the "newspapers" until it appeared in your Journal. The former article being a mere caveat against a puff which had been smuggled into a "newspaper," and could only be rebuked through the same medium. This statement of M. Mattson is therefore wilfully false.

4th. My name is falsely represented to have been given up only on "the compulsion of John Doe," when you are my witness that it accompanied my first article to your Journal, with express permission to give me as its author; as had been done to the "newspaper" in the previous instance. This whole story about John Doe is another base falsehood, however often repeated.

5th. The New York Medical and Surgical Society, and its records, are, most unfortunately for Dr. G. and his eulogist, appealed to by M. Mattson, under the date of 1840. But those same records under date of February, 1847! will show that Dr. G. has been *excluded from the fellowship* of that identical Society, under charges of unprofessional conduct in reference to *this very book on "Bronchitis,"* and this by a summary vote of its members. The sense of the profession here and elsewhere is truly symbolized by this single fact so honorable to the Society. It moreover fully sustains the justice and necessity of the strictures, which duty alone has prompted me to make upon the subject.

6th. The "*suppressio veri*," in M. Mattson's citation of the copy of Dunglison's Library, is so palpable that every reader will perceive its flagrant falsehood. The title-page of Trousseau and Belloc's work is dated 1837, but in the year 1841 a volume is bound up containing several works, and this among them. But this work was circulated singly

in 1839, as this M. Mattson knows, for in his own copy he admits that the preface is dated 1839, and so is the sub-title, unless he has torn it out.

7th. Pa sing over numerous other instances of the mendacity into which M. Mattson has been driven in his desperate effort to shield Dr. G. from the shafts of truth, I shall only notice one more, and I do so reluctantly because it is wholly personal. He affirms that he can "prove by the most respectable and unimpeachable authority," that "Dr. Reese has stated distinctly and emphatically that it was utterly impossible to apply medicinal solutions to the interior of the larynx." Here is an impeachment of both my intelligence and my integrity, for if true of any "anatomist or physiologist," though affirmed of many such besides my humble self, it would entitle such an one to the epithet due to knavery as well as folly. So far as I am concerned, I pronounce it a foul calumny that I ever stated, or imagined, or dreamed of such impossibility, and deny that any "authority" can be produced, "here in Boston or elsewhere," "within a year past" or ever, of any *living* man who has character of any kind to lose. As in the case of Dr. G.'s celebrated conversation with Dr. Johnson, the witness may be *dead* before his authority is cited, and in such case I can only hope that his written and printed testimony may, as in that case, shield his memory.

In my first review on the subject in your Journal, I denied the possibility, and repelled with indignation the imposture, alleged by Dr. G.'s patients, that the *bronchial tubes* could be swept out with a sponge, as they had evidently been "educated" to believe had been done upon their own persons. But I have never doubted the possibility of reaching the interior of the larynx in the manner, and to the extent, claimed by Trousseau and Belloc, and which I have proved to be identical in extent with everything claimed for Dr. G. in his "peculiar practice." Nor can any physician or surgeon of just eminence in his profession be found who believed this impossible, either anatomically or physiologically. It was the silly pretence bruited abroad for effect, that Dr. G. had discovered the way to apply his medicines to the bronchial bifurcation, and even into the lungs, that has been denounced by such men everywhere as a gross imposture, because "physically impossible."

The malignity of the personal assaults made upon me, vindictively imputing to me "petty malice," and a disposition to "injure the professional standing of Dr. G.," and the like, I can afford to suffer to pass as unworthy of denial. All in the profession, or out of it, who know me and our relative "standing," will smile ineffably at the conceit. And in conclusion I would briefly say to M. Mattson, that if he would rescue his friend from his "bad eminence," it can *only* be done by calling in the copies of his book, and burning them, and then sending it out anew, purged of all its fictitious pretensions to novelty, of all reference to Dr. Johnson, of all profession concerning bronchitis, and entitled, a "Practical Treatise upon Follicular Diseases of the Throat, &c., illustrating T. and B.'s method of cure by topical applications." D. M. REESE.

P. S.—The April No. of the American Journal of Medical Sciences,



edited by Dr. Hays, of Philadelphia, contains a review of "Green on Bronchitis," which in all respects sustains and reiterates the *identical* allegations, both *professional and moral*, which my duty has constrained me to make against Dr. Horace Green the author, and moreover convicts him of other offences, equally flagrant in the estimation of all honorable members of the fraternity. The initials appended to it indicate the high source of these strictures, while the candor and impartiality of the Journal in which it appears are well known at home and abroad.

Referring to the article itself, is all which is admissible here, but the following concluding sentence of the reviewer is commended to M. Mattson as characterizing the work of which he has chosen to become the eulogist.

"It is an irksome duty to write thus disparagingly of an original American work, but we regard it as a paramount obligation resting upon all critics to speak the truth without fear or favor. Sometimes indeed they may find certain features in a work so admirable as to redeem many and evident defects, and then they are privileged to bear lightly upon the more ungrateful part of their task. But in the present instance there is a moral defect for which nothing can compensate; a want of candor and fairness which no scientific excellence (if there were any) can atone for; and which it must be confessed, would suffice to give an unfavorable bias to the most impartial judgment. Of the medical part of the work there is little new that is good, and still less good that is new. There is much in its arrangement which renders it next to useless as a pathological treatise; and much in its style which reminds one of those books which bear 'internal marks of being addressed more to the public than the profession,' and which Dr. Latham so emphatically cautions his pupils 'never to read.'"

I may now say to Dr. G. and his book, as well as to M. Mattson, so far as I am concerned, "*requiescat in pace.*" D. M. R.

## OBSERVATIONS ON IRRITABLE URETHRA.

By Edward H. Dixon, M.D., of New York.

[Communicated for the Boston Medical and Surgical Journal.]

WHAT has hitherto been said relates more immediately to the treatment of permanent stricture, or that state of the urethra in which there is a well-defined closure of greater or less extent in that canal. The causes of failure in its treatment and its frequent return, after seeming cure, are so closely connected with a pathological state far more common, but often quite as serious as stricture, that we believe we can make ourselves more intelligible by recurring to them, after noticing that condition of the mucous membrane.

It has very properly been called the irritable urethra, from the fact of its being unusually sensitive to the passage of urine, which often produces spasmodic contractions and consequent diminution of the stream. But the symptoms that usually bring the patient to seek advice, are either

involuntary losses or a premature expulsion of the semen, or an absolute or fancied inability to complete the genital act. This broad symptomatology, it will be seen, combines the irritable urethra and spermatorrhœa with actual loss of virility, and such indeed is our intention; for although it is necessary to diagnosticate minutely the existing symptoms, if we are to effect any benefit by our treatment, the whole is but one continued series from a well-balanced and healthy state of the mucous membrane of the urethra to positive impotence.

How far irritability of the stomach or constipation of the bowels may give rise to this state of things, we leave others to determine; for ourselves, we confess that we attach no importance to it as a cause, although that opinion has hitherto been sustained by very high names in the profession. Whether we have been unusually successful in gaining the confidence of our patients, is not for us to say; but very certain we are, that in most of these cases the patient has confessed either onanism, sexual excess, blenorrhœa, or entire continence after excess in early life. Out of a great number of cases of more or less irritable urethra which an extensive practice has brought under our notice, none could with truth be said to have led such a life as was calculated to produce a healthful state of this mucous membrane, or the continuous appendages of the seminal vessels or testicles. It is because the hyperæmic state attendant upon these excesses, has in many cases become so great as to produce what could only be called actual stricture of the urethra, that we combine it with that subject.

When a patient presents himself before us with the symptoms of irritable urethra, and an indefinable expression of doubt pervading his entire appearance, his eyes casting furtive glances as though he were about to undergo an examination for suspected theft, and we can find, on close investigation, no evidence of organic lesion in any of the great cavities of the brain or body, and can assure ourselves that no moral emotions of an ephemeral nature are thus affecting him, we may be sure that some derangement exists in the sexual organs.

That combination of mental and bodily causes that so absolutely controls the system in the earlier years of life, and is so constantly productive of a self-possessed, if not a graceful and dignified, deportment, is so universal in its action, at least in all those obliged to mingle in the society of every-day life, that we may depend upon it they will never be found cursed with that miserably vacillating and nervous deportment characteristic of the confirmed onanist.

After having satisfied ourselves of the practice of the habit, we should in every case proceed to investigate the state of the urethra, by the introduction of a middle-sized bougie; such an one is much more likely to pass without opposition than a small one, for that will often be caught in a relaxed fold of the membrane, as we have said before. But it almost always happens that spasmodic action opposes its progress, whether large or small, and the patient, if not lying down, will often faint.

Here at once we have detected the "irritable urethra;" whatever other symptoms exist, this state must be overcome before we can proceed



further ; some two or three weeks use of the bougie, at intervals of a day or two, according to the effect produced, will be found to remove this symptom ; after this, for the purpose of overcoming increased vascularity, we are in the habit of using with excellent results the ung. nit. hyd. mit. With this we anoint the end of the bougie for an inch or so, and direct the patient to use the liquor potassæ twice a day, gtts. xx. to xxx. in a half tumbler of water. This overcomes ardor urinæ, and makes the patient comfortable during the use of the bougie. When it will pass into the bladder, we should increase the size ; and then it will often be found, on approaching the membranous part, that it will not pass without considerable effort, if at all. The opposition is often so considerable as to amount to actual stricture, and frequently requires a considerable number of efforts, repeated at intervals of a few days, so as to avoid too much mechanical irritation, to pass the instrument.

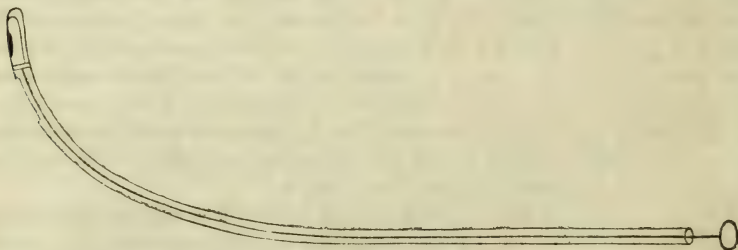
It is in these cases, when combined with nocturnal emissions, that we have had frequent cause to deprecate the abuse of the treatment devised by the distinguished Lallemand ; we can assure the profession, from extensive observation, it is most desperately misapplied by empirics in this city. There can be no doubt of the hyperæmic state of the parts and the propriety of using this remedy in many cases of spermatorrhœa ; but we have found, in irritable urethra, the ung. nit. hyd. to be quite sufficient, and mostly apply the caustic to the *passive* condition of the seminal ducts, in which there is a constant draining away of the semen without much power of erection.

We have sometimes used the syringe described in our last communication, at page 119 of this Journal, with a ten-grain solution of caustic, in these cases, with similar good effect ; but we feel it incumbent upon us to caution those not in the habit of treating these cases, against the effects of caustic, inevitable if Lallemand's instrument be used, in active cases of irritable urethra. There is no method of ascertaining with absolute certainty, when using that instrument, the exact part where the caustic is applied ; and the projection of the *port caustique* and its complete revolution in the urethra by means of the screw, has in many cases that have presented themselves subsequently to our own notice, even where the instrument was applied by careful hands, produced excessive irritation, and in more than one case actual and persisting stricture of the urethra, requiring long-continued efforts to overcome it.

For the purpose of defining with perfect accuracy a method of applying caustic directly to the seminal ducts (for we have acknowledged its necessity and efficacy in the passive stage of spermatorrhœa), we draw upon your own and your readers' indulgence for a description and illustration of a little affair of our own devising. A catheter of medium size, without any other holes, is pierced with a slit one eighth of an inch in width, and three quarters of an inch in length, which ends half an inch from its point ; a round and oblong piece of silver, having an opening in its side of the size and shape of the largest grain of wheat, corresponding with the slit, is attached to a rod of sufficient length, and thereby pushed straight onward to the very end of the catheter, which it completely fills,

after having been charged with powdered caustic by means of a small spatula through the slit having been brought opposite to it for that purpose. As soon as this is thrust to the end of the catheter, the caustic is completely closed from all access to the urine, as the end of the port caustique nearest the slit is well packed with leather like the piston of a syringe. The surgeon now passes the catheter slowly into the bladder, the patient standing; he knows, of course, that the urine cannot appear till the slit enters the bladder. The caustic, closed up tightly in the half inch of catheter beyond the slit, is now in the bladder, and the slit lying just beyond the ducts. Drawing the catheter towards himself, just far enough to prevent the issuing of the urine, he brings the slit directly over the verumontanum. The surgeon now draws the rod forward, and when the caustic comes opposite the slit, it falls in a pure and dry state directly on the mouths of the seminal ducts; any moisture that the catheter may retain from the entrance of the urine, will of course gravitate towards the curve of the catheter, and the unperforated half inch will prevent the entrance of more by filling completely the opening of the bladder. There is no more difficulty in applying this instrument than a common catheter; in withdrawing it, however, it will be well to observe a caution we have given before, viz., if any spasm exist, which is sometimes very powerful and originates from the anterior fibres of the levator ani muscle, often called the sling muscles of Wilson, it is best to wait a minute or so till relaxation occurs. We have repeatedly found it absolutely impossible to withdraw the instrument under two or three minutes.

The following is a longitudinal section of the instrument. They are beautifully made by Goulding, in Chatham street, New York, to whom we have been indebted for careful attention in making all the instruments we have described in this Journal. The size and curve is to be precisely like an ordinary catheter. All the other arrangements as above stated.



If you and your readers are not wearied, I will in my next communication give a few cases diagnosticating the various conditions for which the treatment described in these observations has been instituted, and notice some of the abuses of caustic by empirics in this city.

---

#### COLD WATER IN OVER DOSES OF OPIUM.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—I have been a reader of your valuable Journal for several years, and do not recollect seeing any communication respecting the application



of cold water to the cranium in cases of over doses of opium, when taken for the purpose of committing suicide; or when injudiciously administered. As several cases of the kind have come under my observation, I take this opportunity to report them, and you are at liberty to do with them as you please.

CASE I.—A healthy child, aged 6 months, son of P. W., December 3d, 1845. A few days after confinement, the mother was troubled with abscess of the breast, for which six or eight powders of acet. morph., of one sixth of a grain each, were prescribed by the attending physician, to be taken as circumstances required. About four and a half months afterwards a swelling appeared about the groin of the child, and the mother remembering the good effects of the morph. upon herself, administered a powder to him, at 4 o'clock, P. M. Two hours had elapsed before I arrived. I found the child as follows:—Entirely insensible; countenance pale and Hippocratic; breathing stertorous; extremities cold; pulse scarcely perceptible; and, in fact, every appearance of immediate dissolution. An emetic of sulph. zinc and ipecac. was turned down, but the stomach did not respond to it. Hot flannels, wet and dry, were wrapped about the child, with sinapisms to the extremities and spine. We then commenced pouring cold water from the height of about four feet. This was continued at short intervals for five hours, when sensibility began to return, and the child recovered.

CASE II.—Mrs. C., of Dickinson, a robust woman, æt. 50 years, August 9, 1846, 11 o'clock, A. M., took full one drachm of best Turkey opium, after shaving to a powder, for the purpose of committing suicide. She told her daughter (18 years of age) that she felt unwell, and would go and rest herself in an adjoining room for two hours, and did not wish to be disturbed during that time. Half past 2, the daughter entered her room, and finding her insensible, sent for me. I arrived at 4, P. M., and found her extremities cold and clammy; entirely senseless; great prostration; feeble and irregular pulse; stertorous breathing in the extreme. From particular inquiry I became satisfied that these symptoms were caused by an over dose of opium—as she afterwards confessed. *Treatment.*—Hot sinapisms, stimulating frictions and active flagellation to the extremities; cold water from the well was then poured in a large stream from a hole in the chamber floor. Not having a stomach pump at hand, an emetic of sulph. cupri. and ipecac. was forced, with some warm brandy and water, but it was some time before it would operate, with the assistance of a feather to the fauces. No remains of the drug were evacuated that we could discover. The water was continued almost constantly for nearly six hours, before she began to arouse from the lethargic state.

CASE III.—Infant of A. S., of Moira, aged 14 days, December 5th, 1846. Being restless, a neighbor gave it two drops of highly-concentrated laudanum, at 10 o'clock, A. M. I saw it at 1, P. M., and found its countenance pale and ghastly; eyes open and set in their sockets, with occasional winking of the lids; surface generally cold; breathing stertorous and exceedingly irregular, and having frequent convulsions. *Treat-*

*ment.*—Hot sinapisms and hot flannels were applied, as in the former cases, with an occasional warm bath. Cold water was applied by means of wet cloths, and continued twelve hours, when the narcotic effects having subsided, recovery followed.

In regard to the above cases, I would remark, that I consider the success owing to the thorough application of the water to the head, thereby prolonging the powers of life until the suspension of the narcotic effects of the drug. From the experiments of Sir B. C. Brodie, who has clearly demonstrated that opium produces death by paralyzing the nerves of respiration, is it not possible that partial, if not entire, congestion of the brain takes place in fatal cases? If so, may we not *rationaly* come to the conclusion that the refrigerating application has a powerful tendency to prevent such congestion, and therefore deserves the attention of the profession?

F. H. PETIT, M.D.

*Moirs, N. Y., April 6th, 1847.*

#### THE LETHEON AND DR. WELLS.

By Edward Warren.

[Communicated for the Boston Medical and Surgical Journal.]

HAVING been furnished with a copy of a pamphlet bearing the name of Dr. Horace Wells, and containing a statement of his claims to the discovery by which pain is prevented in surgical operations, I am induced to offer the following facts for insertion in the *Medical and Surgical Journal*, trusting that they may have some effect in making Dr. Wells's real claims known to the public. He had probably forgotten the existence of the following letter, and I therefore wish to lay it before the readers of the *Journal*, in order that he may have the full benefit of its publication. Far be it from me to detract aught from his real merits in this matter. I will rather let his own letter and his friends speak for him. Certainly he can have no objection to such a course. That he discovered the fact that nitrous oxide gas will, in some measure, mitigate pain in surgical operations, I do not deny. But when he argues from thence that he is entitled to all the credit when any one else discovers an equally powerful agent to produce similar, or still more perfect results, I must resist his deductions. I cannot see the soundness of his logic, or the validity of his conclusions. If his friends do, their notions of logic are certainly peculiar. But I will no longer withhold the following facts in the case in question:

Galigani's *Messenger* of Feb. 18th contains a letter from Dr. Wells, then in Paris, in which he claims to be the original discoverer of the fact that the vapor of sulphuric ether, when taken into the lungs, will produce insensibility to pain. But lest any should be misled in this matter, I herewith submit a copy of a letter from him to Dr. Wm. T. G. Morton, written before the idea of laying claim to the discovery in question entered his head. If Dr. Wells wishes to maintain his claims to his pretended discovery, that nitrous oxide gas will produce insensibility to pain, no one



thinks of depriving him of the credit—most certainly Dr. Morton does not. But this letter will speak for itself.

"Hartford, October 20, 1846.

"Dr. Morton. Dear Sir,—Your letter, dated yesterday, is just received, and I hasten to answer it, for fear you will adopt a method in *disposing of your rights*, which will defeat your object. Before you make any arrangements whatever, I wish to see you. I think I will be in Boston the first of next week, probably Monday night. If the operation of administering the gas is not attended with too much trouble, *and will produce the effect you state*, it will undoubtedly be a fortune to you, provided it is rightly managed.

Yours, in haste, H. WELLS."

Now there is a brief history to this note, which is this:—When Dr. Morton made his discovery, he immediately wrote to Dr. W., his former partner, to come at once to Boston, and aid in introducing it to the public. In answer to this request, Dr. M. received the note above, in which the writer promises to be in Boston by a given time, but never mentions any claims of his own to the same thing, as will appear by a reperusal of his letter. He came, as stated, witnessed the administration of the ether, pronounced it "dangerous" and "risky," and, after two or three days, returned home, determined to have nothing to do with the business.

The next time Dr. Morton heard from his old partner, was about the middle of December, when he received a letter from this "jump-up-behinder," as the London Lancet calls Dr. Collyer and other *second-hand* discoverers, in which claim is laid to the whole honor of the new use of sulphuric ether, in these words:—"I have just seen a copy of your claim, and find that it is nothing more than what I can prove priority of discovery [to] by at least eighteen months. When in Boston at your room, *I was well satisfied* that the principal ingredient *was ether*, and to all appearances it had just the effect of this alone upon the patient to whom I saw it administered in your office."

And again, "At the time I commenced using gas, I had prepared to use sulphuric ether entirely instead of nitrous oxide gas, but Dr. Marey advised me to desist from using it, as it was more dangerous than nitrous oxide gas. *How far I made use of it, I have studiously avoided to say anything* in my address to the public."

Now as nearly seven weeks elapsed, after Dr. Wells's visit to Dr. Morton, before he thought of laying claim to the discovery in question, it would seem that all he knew of the use and effects of sulphuric ether in preventing pain, he must have gained during those two or three days in Dr. Morton's office. This was enough, however, for his purpose, and soon after he set out for Europe to substantiate these claims there!

While in Washington the past winter, endeavoring to induce our government to introduce this discovery into the army in Mexico, and after getting the matter referred to a select committee of the House of Representatives, I learned with some surprise that the Hon. James Dixon, Member of Congress from Connecticut, and townsman of Dr. Wells, had sent in a sort of informal protest to the committee's further proceedings,

until a constituent of his, this same Dr. Wells, had furnished certain testimony in his favor. This was early in January. I immediately called on Mr. Dixon, who stated that Dr. W. had requested his assistance, and had promised to furnish him with certain evidence of his claims; but, having gone to Europe without procuring it, he did not think it would arrive at all, and if not by a certain day, then near at hand, he would aid me in my efforts; at the same time saying, as near as I can now recollect, that, about two years ago, he had heard that Dr. Wells was making some experiments with *nitrous oxide gas*, to prevent pain in extracting teeth; that, having a severe toothache, he called on him, proposing to take this gas, but that Dr. Wells informed him that, after giving it to thirteen or fourteen patients with only partial success, he had abandoned its use as dangerous, and dissuaded him from resorting to it.

These experiments thus proving abortive, nothing further was heard of Dr. Wells, and *his* discovery, until the lucky thought entered his head of claiming the new application of ether as his own, as he did in the letter from which the above extracts are taken, although he then contended, and still contends, that nitrous oxide gas is preferable to ether.

Dr. Wells has much to say about his visit to Boston in December, 1844, whither he came for the purpose of having his favorite gas tested by our surgeons. It seems that they kindly gave him an opportunity to make the trial, in which he was entirely unsuccessful; surgeons, students, and all, pronouncing his pretended discovery a failure and a "humbug," when he returned home, and has not from that day to this, so far as the public are informed, resumed the use of the nitrous oxide gas.

Early in January last, on his publicly laying claim to Dr. Morton's discovery as identical with his own, and stating that he had disclosed the same to Dr. J. C. Warren, among others, during his visit to Boston in December, 1844, Dr. Morton called on Dr. Warren relative to this matter, and received the following:

Boston, January 6th, 1847.

I hereby declare and certify, to the best of my knowledge and recollection, that I never heard of the use of sulphuric ether, by inhalation, as a means of preventing the pain of surgical operations, *until it was suggested by Dr. W. T. G. Morton*, in the latter part of October, 1846.

JOHN C. WARREN,

Professor of Anatomy, and Surgeon of the Massachusetts General Hospital.

Doubtless Dr. Morton is very grateful for the kind assistance he has received from Dr. Wells and Dr. Jackson, who severally claim the whole credit of making Dr. Morton what he is. Dr. W. in his pamphlet—that important little *brochure* just born to public favor—says Dr. Morton "was instructed in his profession by myself about five years since, and I subsequently assisted in establishing him in the city of Boston."

In a note published in the Advertiser of March 8th, Dr. Jackson says: "I have always assisted Dr. Morton, by every means in my power. Whenever opportunity offered, I have given him all the instruction, advice and information, that would tend to improve him in knowledge, and qualify him to be a useful and honorable practitioner of his profession."



Now from the anxiety of these gentlemen to gain the honor or credit of having built up Dr. Morton, they strongly imply that his claims to the discovery are better founded than they are willing in direct terms to admit. It is true that, like other men, Dr. Morton has had the instruction of others older than himself; but does it follow from thence that he derived from them that inherent energy of character, and that indomitable perseverance, which have enabled him to bestow so inestimable a blessing upon the world? In reasoning thus, they are chargeable with arrogating to themselves what belongs to a higher Power.

And here the query may be made, where is Dr. Morton all this time? to which I answer, that he is at home quietly attending to his numerous patients, confident that, if he has made a great discovery known to the world, there are too many persons in this community conversant with his claims, to allow the honor due to Boston, to be wrested from him to whom it is justly due. Dr. Morton is a Fellow of no learned society, he belongs to no celebrated academies, he is a member of no eminent bodies, to whom he can proudly confide the defence of his claims. If others have the advantage of learned correspondents in Europe, or are permitted to lay their pretended claims before the great literary and scientific arbiters of the world, he, on the contrary, submits his to the justice and gratitude of his countrymen, believing that honors denied him at home are of little value when conferred abroad.

And I will close this paper with the three following propositions, which have been suggested to me by reading a celebrated controversy of a nature similar to this, now going on in Europe. They are:

1st. That Dr. Morton formed the original idea in his own mind, and thus was a *discoverer* of the fact, that the vapor of sulphuric ether taken into the lungs would produce insensibility to pain.

2d. That being a discoverer, he was also the *first publisher* of that fact to the world.

3d. That being both a discoverer and also the first publisher, he must therefore be held to be *the true and first inventor thereof*.

*Boston, April 24, 1847.*

## THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, APRIL 28, 1847.

*Anatomy of the Horse.*—An impulse is likely to be given to a much neglected subject, by the energy of the Mass. Agricultural Society. Veterinary science is scarcely known in New England; and in consequence of a criminal ignorance of the structure and diseases of the horse, to say nothing of many other useful domestic animals, that trusty servant of man suffers unnecessarily, and not unfrequently, when sick, dies a victim to the abominable medication of some pretender, who knows no more of the principles upon which remedies should be administered, than he does of the

political condition of the inhabitants of Leverrier's new planet. A horse doctor in this country, with some exceptions to be sure, occupies the very lowest position in the category of medical pretenders. He falls vastly in the rear of cancer curers, seventh sons and Indian doctors. In short, a farrier, instead of being a person of exact attainments in his business, too frequently knows nothing at all about it. In England, on the contrary, veterinary medicine receives the fostering care of the legislature, and those who study it sustain an honorable place in society. It should and might be so here; and we entertain a hope that the dawn of a better state of things in this strangely neglected field for benevolent enterprise, appealing as it does to the humanity of intelligent people, is about to be ushered in.

When a horse is sick, it is too often the custom, hereabout, to give some of every article that may be suggested by a neighbor, as being excellent for a dumb beast, without the least regard to the causes that have impaired his health. When the whole farrago of decoctions, as vile in flavor and incongruous in composition as possible, fails to give relief, boluses, that would have proved destructive missiles in the bombardment of Vera Cruz, are next forced down the poor creature's throat. Cathartics of a severely drastic character, in unreasonable doses, are also favorites with the pseudo-veterinarians, who also occasionally pour down bottles of gin or new rum, because they are always said to be good, like catnip tea for children. After all these ineffectual prescriptions, the unfortunate animal is placed under the regular treatment of a professed horse doctor, and, as might be expected, the horse is quickly finished—the owner consoling himself with the satisfactory reflection that all the resources of transmitted experience and improved science were of no avail in preserving life!

In view of the deplorable low state of knowledge on this subject, the Massachusetts Agricultural Society has imported an anatomical model of the horse, in *papier maché*—of the same material of which the manikins are constructed—that is true to nature in every essential particular, both as it respects the size, position and color of each and every organ, internal as well as external, and which may be separated, piece by piece, from the superficial muscles to the deepest seated tendons. As a work of art, it is admirable—nay, more, surprising.

On Friday evening, April 16th, a lecture was given in the hall of the House of Representatives, in this city, by Dr. Warren, on the general anatomy of the horse, making reference to this splendid production, in illustration of his propositions, and we think favorably impressed an intelligent audience on the importance of having a systematic course of veterinary science taught in this place. We cheerfully accord to him the honor of having opened a sealed volume in Massachusetts, and thank him, too, in the name of humanity, for this kind effort to lessen the sufferings of this noble and useful animal.

---

*Presentment of the Medical Profession.*—A screw in the machinery of civilization is loose in Canada, where it was least expected. The medical profession has actually been presented by a grand jury! It seems, in the language of that body, that persons are daily admitted to the practice of medicine, in Upper Canada, with too much facility. They may have passed a sufficient period of time in study, gone the rounds of hospital cliniques, and received even a doctorate, and then be totally unfit to assume the responsibilities of a medical practitioner. Canada is not the only place on



this continent where doctors are fledged too soon, nor has the grand inquest made the discovery first, that life is too precious to be entrusted to the care of beetle-headed fellows, who might have succeeded very well in ditching bog lands, but who should never have been licensed to prey upon the human family. Dr. Horace Nelson, of Montreal, of the chair of anatomy and physiology in the school of medicine in that city, has written with vigor and judgment upon the subject. He manifests some severity towards the grand jury, intimating that they should point out a remedy for the evil it was so ready to proclaim. Were the grand juries of these sovereign and independent States to point out the anomalies that appertain to the different kinds of practice, and to the practitioners themselves, great and small, there would be no other business accomplished.

---

*Albany Medical College.*—By an oversight, a recently published catalogue of this thrifty institution has for some weeks escaped our notice. Thirty students were admitted to the degree of M.D. at the close of the term. There was a fine class, and it is presumed that the season passed away both pleasantly and profitably. Dr. March performed an unusually large number of operations in the course of the winter, with his accustomed success. The circular announces a preliminary series of lectures, commencing the first Tuesday in September—free to those who shall have matriculated for the coming session in October next.

---

*Eastern Asylum of Virginia.*—The Old Dominion is as humane as she is patriotic. Two hospitals for the insane in one State, is more than has been undertaken by any other State, in its corporate capacity. The one located at Staunton we have personally examined; but the Asylum at Williamsburg is only known to us through the reports of the Superintendent, Dr. John M. Gault. Some years since, pretty severe comments were made on this charity by individuals here at the East, but the circumstances which called them out have passed from recollection. Dr. Gault's office is no sinecure, that is certain—for he has had, during the year, 160 insane patients under his watchful care. During the same time, 7 died—and at the close of the report to the legislature, Dec. 31st, 140 were under supervision. Of the 160 patients, 92 were males and 68 females—22 of the former and 33 of the latter being married. Ill health was the cause of 23 cases of insanity, and mental anxiety 10, which stand highest on Dr. Gault's catalogue among the productive causes of that great calamity, the loss of reason. Suicidal cases, remarks upon institutions for the insane, and insanity with reference to jurisprudence, together with observations upon legal provisions for idiots, constituting a large part of the report, strike us favorably. Long may the kind-hearted superintendent live in the discharge of the duties belonging to the high trust confided to him by the Commonwealth.

---

*American Institute of Homœopathy.*—From the American Journal of Homœopathy, the following intelligence is derived, viz., that the fourth anniversary of the American Institute will be held in Boston on the second Tuesday in June next; and the editor hopes that all physicians of that

school, laying aside all business and excuses, will be in attendance at the meeting. The interchange of opinion formed upon that practice in the different parts of the Union, must not only be interesting, but highly useful to themselves.

*The Ether in Europe.*—The last arrivals from England furnish considerable information respecting the progress of the use of ether in surgical practice. The question of its use in midwifery has received much attention. Baron Dubois, Professor of Midwifery at the Faculty of Paris, made a communication on this subject to the Academy of Medicine on the 23d of February, which is drawn up with much care, and comprises reports of many cases. Much in favor of the use of ether in obstetric cases is contained in it; but the following is part of the conclusion to which he arrives. "My profound feeling on the subject is, that inhalation of ether in midwifery should be restrained to a very limited number of cases, the nature of which ulterior experience will better allow us to determine." A lecture on the same subject has also been delivered in London by W. Tyler Smith, M.B., Lecturer on Midwifery. His experience brings him to a similar conclusion. On the other hand, Professor Simpson, who has also lectured on this branch of ethereal application, thinks that the accoucheur is not only justified in using it in natural labor, but that it is questionable whether he is justified in withholding it. A case is reported in the London Times of March 19th, in which the ether was administered to a lady from whose thigh a sarcomatous tumor was to be removed. Unconsciousness was produced and the operation successfully performed; the patient did not rally, however, after the operation, but sank gradually and died on the second day. She was previously in a delicate state of health. A great number of successful cases are reported in full or alluded to, in all parts of Europe; and, indeed, the unsuccessful ones, though more than was hoped might occur, are comparatively very few and less than could reasonably have been expected in the general use of so powerful an agent. Dr. Wells's claims, as discoverer, are brought forward in the Lancet by Dr. Henry Bennett, who states that Dr. W. "left America for Europe before Drs. Jackson and Morton asserted a right to the discovery," and that "it was only some time after his arrival in Paris that he heard of these gentlemen having assumed the credit of the discovery." This assertion does not well harmonize with the letters from Dr. W. to Dr. Morton, published in to-day's Journal.

*Boylston Medical School.*—The act of incorporation applied for by this School has been granted by the Legislature. The following is the list of the corporation:—John Bacon, Jr., M.D., Charles E. Buckingham, M.D., Edward H. Clarke, M.D., Sam'l Kneeland, Jr., M.D., Wm. Henry Thayer, M.D., John B. Walker, M.D., Manlius S. Clarke, M.D. At a meeting of the Corporation, held April 14th, the following officers were elected:—Charles E. Buckingham, M.D., *Vice President*; Francis W. Buckingham, Esq., *Secretary*; Edward H. Clarke, M.D., *Treasurer*. The office of President was not filled, and it was voted to leave the chair vacant for an indefinite period.

*Delegates to the National Medical Convention.*—At a meeting of the Council of the New Hampshire Medical Society, holden on the 8th inst.,



the following gentlemen were appointed delegates to the National Medical Convention to be held at Philadelphia the first Wednesday in May next, viz.:—Amos Twitchell, of Keene; Josiah Bartlett, of Stratham; James Batcheller, of Marlboro'; Charles P. Gage, of Concord; Richard P. J. Tenney, of Loudon; Francis P. Fitch, of Amherst; Josiah Crosby, of Manchester; Amos G. Gale, of Manchester; Joseph Eastman, of Hampstead; C. F. Elliott, of Great Falls; Jas. H. Smith, of Dover; Chas. A. Savory, of Warner; A. C. Dickey, of Lyme; M. T. Willard, of Concord; James A. Tilton, of Pembroke.

### New York Correspondence.

*Dr. Detmold's Weekly Clinique.*—Dr. Detmold, of New York, to whose private school of instruction allusion was recently made in this Journal, has a weekly clinique for the benefit of his class, which presents a great variety of cases both medical and surgical; some of which, especially in the latter department, possess a high degree of interest. A brief reference to some of these may occasionally be acceptable.

A few days since, Dr. D. applied a ligature to the common carotid for the cure of an erectile tumor of great size, occupying the parotid region. The patient was a female child, only 9 months old. The success of the operation seems to have been entire.

On Wednesday last, Dr. D. extirpated the entire upper jaw upon the right side, for a young German, who was suffering from a malignant tumor of enormous size, involving that entire bone, which proved to be of that variety known as osteo-sarcoma. The progress of the disease rendered it necessary to remove the floor of the orbit of the right eye, part of the zygomatic process of the temporal bone, the whole of the malar bone, the entire superior maxillary bone (including the palatine bone), detaching the tumor from its deep-seated and posterior attachments; the æthmoid bone, and the pterygoid processes of the sphenoid bone, being exposed when the operation was completed, and presenting an appalling chasm; which exhibited at one view the horrible progress of the disease, and the astonishing power of surgery as adequate to furnish a resource even in so desperate a malady. The whole mass was successfully removed in its integrity, and whatever may be the issue to the afflicted patient, the tumor presents a morbid specimen of very great interest, and should the patient recover, it is in itself a trophy, of which any surgeon may be justly proud. The operation was witnessed by a number of physicians and students, and was borne by the patient with the most uncomplaining silence, he never betraying the least indication of suffering, not a murmur escaping him throughout the protracted operation; so that had he pretended to have been mesmerized, the cheat could not have been detected. A minute and detailed account of this formidable operation will doubtless be furnished for some of the journals after its result shall be known. Thus far the patient is doing well, and Dr. D. is sanguine in his hopes of entire recovery. R.

*Report of Deaths in Boston*—for the week ending April 24th, 69.—Males, 37—females, 32. Stillborn, 3. Of consumption, 11—typhus fever, 11—lung fever, 5—scarlet fever, 1—drowned, 2—dropsy on the brain, 2—sudden, 1—convulsions, 1—infantile, 6—marasmus, 2—pleurisy, 2—old age, 1—mortification, 1—measles, 2—hooping cough, 2—child-bed, 2—croup, 2—paralysis, 1—tumor, 1—brain fever, 1—diarrhœa, 1—disease of the bowels, 3—rheumatism, 1—rupture, 1—worms, 1—accidental, 1—disease of the uterus, 1—dropsy, 1—disease of the heart, 1—unknown, 1.

Under 5 years, 23—between 5 and 20 years, 4—between 20 and 40 years, 19—between 40 and 60 years, 9—over 60 years, 9.

*Frictions with Croton Oil in Pulmonary Diseases.*—Dr. Rayer, of whom I spoke in a previous letter, has been in the habit of using, with most satisfactory results, the oil of croton tiglium in frictions on the anterior surface of the thoracic cavity, in those persons who were laboring under pulmonary tuberculization. According to this able practitioner, twenty-four drops of the oil may be used for each friction with impunity. It is used by pouring a little at a time on the chest, and then rubbing it with the naked palm of the hand; this is followed, as is well known, by the development of pimples or buttons on the breast, which the hand escapes, owing, perhaps, to the absence of follicles and the greater thickness of the epidermis on its palmar portion. The employment of the croton oil in this way and in this quantity affords notable relief to the dyspnœa, the nocturnal agitation, and the fever which so cruelly torment patients of this kind; and it is to be regretted that the high price of the article places it beyond the reach of the indigent, and must seriously limit its application in such affections.

Here I may mention that a medical friend from New York, now in Paris, has assured me that, during the last four or five years, he has applied the croton oil in frictions to the anterior and superior surface of his chest whenever he has been troubled with a cold which affected especially the bronchia, and that it has always afforded relief within twenty-four hours. He thinks the pustules form more readily if the part has previously been washed well with warm water, and afterwards rubbed with a rag saturated with spirits of camphor. Previously to commencing frictions with the oil, which he usually does in the evening before going to bed, he takes care to place a handkerchief between the thorax and his under-shirt, in order to prevent the latter from becoming soiled when the pustules break.—DR. YANDELL'S *Letters from Paris, in Western Journal*.

---

*The Letheon at St. Bartholomew's Hospital.*—A middle-aged man was brought in, and commenced the process of inhaling, which he continued for about ten minutes, and Mr. Stanley proceeded to remove one of the middle fingers at its articulation with the metacarpus; the patient, however, not only cried out as much as the tube would allow him, but struggled so hard that he was with difficulty kept on his seat, and at the conclusion of the operation, he said that he had felt more pain than he expected. After his removal, Mr. Stanley said that the man confessed that he had at one time been a free drinker, and this was probably the cause why the ether did not affect him.

The next patient was a little boy who had ruptured his urethra by a fall, and required an operation to re-establish the natural current of the urine. The vapor was administered by Mr. Tracy, by means of an apparatus of his invention, and in about four minutes Mr. Skey commenced the operation, which was necessarily a tedious and, a little time ago, we might have added, a very painful one. The boy, however, showed little if any symptom of suffering. With one or two short intermissions, the inhalation was continued during the operation. His breathing was once or twice laborious, the abdomen heaving a good deal, but the withdrawal of the tube from his mouth quickly removed this state. His face, and even the whole surface of the skin, was somewhat purple most of the time. At the end of the operation, he seemed very cheerful, saying, that when he began to feel pain, they told him to "breathe again, and then he did not feel it." He went on inhaling for about 25 minutes, with short intervals.—*London Lancet*.



DR. DICK'S ALPHABETICAL NOTICES OF SUBJECTS CONNECTED  
WITH THE TREATMENT OF DYSPEPSIA.

[Continued from page 223.]

**CALUMBA.**—Calumba is one of the simplest and best of the vegetable bitters employed in practice. It has a slight aromatic property, and an intensely bitter taste, free from astringency. This enables us to give it in cases of biliary derangement, in which bark, from its astringency, would be questionable, although otherwise indicated. In every case requiring a simple tonic, calumba may be safely and advantageously ordered. It does not heat or cause headache, nor does it morbidly quicken the circulation. It is used in a greater variety of cases in France than in this country, such as scrofula and scorbutic disease, in atonic diarrhœa, in anæmia, spasmodic vomiting and obstinate intermittents.

**Cambogia.**—This substance has no merit but that of a simple purgative, and by no means a very eligible one. Aloes is not merely a purgative; it has, also, in no inconsiderable degree, cordial stomachic properties. Not so gamboge. It evacuates the bowels; seldom, however, without some consequent irritation or debility. With many persons it causes nausea and griping. It might, perhaps, with advantage, be struck out of the materia medica.

**Cardialgia.**—We shall notice, at the same time, cardialgia, gastralgia, and gastrodynia. Strictly speaking, however, the first of these denotes more particularly heartburn, or pyrosis; or, in general, any affection of the stomach which is characterized at once by pain and some morbid secretion.

Gastralgia and gastrodynia more particularly signify some perversion of sentient innervation, unattended with any notable derangement of the gastric secretions. Thus, while cardialgia is generally accompanied with a morbidly red or furred tongue, with an ill taste in the mouth, ill-odored breath, acid or bitter eructations, &c., gastrodynia and gastralgia may exist without some or any of these symptoms.

Cardialgia attended with acid eructations is generally due to the excess of lactic acid, though sometimes, no doubt, to that of hydrochloric acid also. Pyrosis, which may be considered a variety of cardialgia, only accompanied, as the name imports, with an acrid or fiery, rather than an acid secretion, has probably a different source, and requires a slightly different treatment from acrid heartburn. While hydrochloric and lactic acids are in all likelihood secreted into the stomach by an exosmotic

process, the morbid discharge of pyrosis probably comes from those glands described by Dr. Boyd, in his inaugural essay on the structure of the mucous membrane of the stomach.

According to Dr. Prout, both hydrochloric and lactic acid are normally present in the stomach. He even seems to think that oxalic acid may exist there as a morbid product. Acetic and butyric acid may certainly do so.

*Carminative, Carum Carui, Caryophyllus.*—These three subjects may be considered at once. Carminatives are often useful in functional atony of the stomach and intestines; and caraway and cloves are very useful means in the derangement referred to.

*Cassia.*—This is a mild purgative, to be used in cases of nervous females whose bowels are sluggish, and who may have amenorrhœa, but without chlorosis.

*Cathartics.*—The subject of cathartics is certainly not the least important of those connected with the treatment of dyspeptic derangements. For though it be, indeed, true, that experience and better observation have led to a less use of purgatives than formerly, in this class of complaints, still it cannot but be admitted that in many cases they are useful—in some indispensable—in not a few, they are the principal or sole means.

The old division of cathartics was, into irritating, as croton oil; stimulant, as aloes; refrigerant, as the neutral salts; astringent, as rhubarb; emollient, as castor and olive oil; narcotic, as tobacco, thorn-apple, &c. Nor is this classification unscientific or not practical. However, we propose to consider the subject of purgatives under the three heads of drastics, cathartics and purgatives, using the last word in a special, as immediately before in a generic sense.

It is not our intention, nor would it be easy, to lay down any general rules for the administration of purgatives. Besides their obvious necessity, when the *prima via* is loaded with indigested or excrementitious matters, purgatives are indicated rather in states of plethora than the contrary—rather in morbid conditions of the fluids than of the nervous system. It is true, indeed, that the morbid condition of the circulation often begets that of the nervous system, and the contrary; and in these mixed cases, every practitioner must decide by his own *ex tempore* tact and penetration; but cases, on the other hand, do occasionally occur, in which, while the one system is particularly, the other is comparatively little, deranged. Now, the general law, which we would lay down (and we doubt if the subject is susceptible of a more particular one) is, that it is more immediately for plethoric and impure states of the fluids that purgatives are adapted, than for derangements of innervation.

In such impure states of the fluids, we prescribe purgatives on the following assumption—namely, that if we, by artificial means, afford nature the opportunity, she will, by the emunctories whose action we excite, discharge herself of morbid principles, retaining those that are healthy. This, indeed, is the grand general law, in faith of which we venture, in any case, artificially to meddle with nature.

We may observe that it is not our intention to give a complete list of



purgatives, but merely to notice a few of the most remarkable or useful. We shall begin with the more drastic :

*Veratria*, the alkaline principle which is supposed to give activity to colchicum and white and black hellebore, is a powerful, and it may even be said intractable and dangerous, hydragogue-purgative. In arthritic cases, attended with great plethora and distinct constitutional fever, with torpid and loaded bowels, scanty and high-colored urine, and tumultuous action of the heart, *veratria* is indicated.

*Veratria*, one grain ; powder of acacia, two scruples and a half ; syrup, a sufficient quantity.

The dose may be carried to three pills daily. This is the formula recommended by Magendie. We have seen no good effect from it in paralysis, for which some recommend it.

*Veratria* may also be used in tincture and ointment.

*Elaterium* is somewhat analogous in its properties to *veratrum*. Its action, which is that of a hydragogue-purgative, is extremely violent. It is useful in the inflammatory anasarca of robust or young subjects ; but its use is to be deprecated in chronic dropsies, and in the cases of persons feeble or aged. I have seen it powerfully check rheumatic fever, and wonderfully relieve rheumatic metastasis to the heart. I have also seen it rapidly reduce the effusion into the cavity of the large joints, consequent on acute articular rheumatism. Some degree of its febrifuge power no doubt depends on the extreme nausea which it usually induces.

From ten grains of the extract of *elaterium*, one grain of an alkaline principle called *elateria*, or *elaterine*, may be obtained. A tincture of this is more manageable than the extract.

*Elaterine*, one grain ; spirits of wine, eight drachms ; nitric acid, two minims—thirty or forty drops.

This dose, I may remark, will, with many persons, act drastically. Where it does not operate sufficiently, it may be repeated, in a full or half dose, after three or four hours.

In suspected scirrhus of the pylorus, neither *veratrum* nor *elaterium* should be ordered, unless in very particular exigencies, and then with very particular precaution.

Croton oil is another of our drastic purgatives. In torpid states of the bowels, and when the *vena portæ* is in a state of congestion and distention, constituting what is called abdominal plethora, which some German writers consider a very important pathological condition, croton oil often brings sudden and marked relief. It also decidedly eases cerebral congestion and plethora, promptly dissipating the most intense and alarming headaches. Unless cautiously administered, however, it is a debilitating cathartic, and its use is not to be thought of in irritable states of the gastric or intestinal mucous membrane.

The half of the following combination will be found to be nearly corresponding in strength to a similar dose of castor oil.

Croton oil, one minim ; oil of almonds, two ounces.

We may here observe that oil of turpentine has almost all the advantages, without any of the disadvantages, of croton oil, while the former

possesses some good properties which the latter wants. In sluggish and flatulent states of the bowels, in tumid states of the intestinal mucous membrane, with a congested and distended condition of the rectum, oil of turpentine often gives surprising relief. Its nauseating taste and smell, and its tendency, for some time after it is taken, to rise in eructations from the stomach, are its drawbacks. But this is compensated by the singularly warm and invigorating influence it has on the abdominal organs. In gouty, rheumatic and paralytic cases, it is a most valuable means. It may be used with great benefit in injection as well as in draught.

Scammony and colocynth require, in this place, no particular remark. They are, in moderate doses, and properly combined, safe and useful purgatives.

Rhubarb combines, as is well known, purgative and astringent properties; the former, when the dose has been sufficient, acting first; the latter, afterwards. Hence its utility in old and debilitated subjects, who yet require artificial evacuations.

Jalap is a smart, but safe, though nauseating and griping hydragogue-purgative. Properly combined with other purgatives and with carminatives, it is valuable by its promptness and certainty. Nearly the same remarks will apply to senna. Calomel will be considered under the general head, "hydrargyrum;" and of castor oil it is only necessary to observe, that it is the mildest, safest, and most nauseating of all purgatives.

#### DISEASES OF THE EYE.

*Extract from the Theoretical and Practical Treatise on Diseases of the Eye, by Dr. DESMARRES, Paris; Translated and Annotated by Dr. CLENDINEN, of Baltimore, Chef de la Clinique Oculaire.*

[Communicated for the Boston Medical and Surgical Journal.]

##### *Article.*—KERATITIS. ABSCESSES.

**TERMINATIONS.**—Abscesses terminate variously.

The matter which they contain is dispersed by resolution.

It escapes outwards, or inwards.

It organizes in the very place where it is formed.

In the first case, there remains no trace of the abscess; the disease is cured.

In the second, there is an ulcer, or an hypopion.

In the third, an opacity exists.

The blur or tash on the cornea having to be studied apart, we will not occupy ourselves with it here, but will confine ourselves to some words on the terminations of profound abscesses.

As we have said above, these abscesses usually break outwards through the median and superficial lamellæ; however, we sometimes observe the rupture inwards. Then the purulent matter passes little by little from the abscess into the anterior chamber, and forms there an hypopion (false hypopion). The abscess, however, does not entirely disappear, particu-



larly when the rupture is made in its upper part or at its middle ; it is by degrees, and ordinarily very slowly, that the pus is abstracted by absorption ; at least if this is not facilitated by placing the patient's head in a suitably declining position and forced out by gravity. How does it happen that the rupture inwards of the interior and median lamellæ is never followed by cicatrization with opacity, whilst the contrary happens when the pus is discharged outwards ? [See Note.] Is it in consequence of the incessant action of the aqueous humor on the effused matter, and even on the ulceration itself ? Is the union, then, effected without opacity, as in certain wounds, or in certain superficial ulcerations of the cornea ? By subjecting the ulcerated effusions outwards to the oft-repeated action of a very fine jet of water from the syringe of Anel at the moment when a very opaque and abundant matter bathes all the surface, can we not obtain a more transparent cicatrization ? This is a point of ocular therapeutics, which is very interesting, and as yet badly studied. In many cases where we have employed the injections at the moment of the formation of the cicatrix, this means has been followed by very happy results, and one of the patients thus treated sees to-day sufficiently well to distinguish the hands of a watch at the distance of some four inches. This means was advised some years ago by Prof. Recamier.

[NOTE.—In the text Prof. Desmarres propounds the question, Why is it that rupture inwards of the interior lamellæ is never followed by cicatrization with opacity ? Hypothetical theory must necessarily in part fill up the hiatus in acknowledged and determinate therapeutics. The discoloration in the organization of the ulceration of the cornea depends upon the effusion of plastic lymph from the vessels. These in the exterior of the cornea (particularly the purely conjunctival ones) are so dilated and enlarged, as to carry fine globules of coloring matter, or it may be from the action of the inflammation on the blood a dissolution of these globules with the fibro-serous fluid usually circulating in them ; hence one cause for deeper discoloration of the effused matter. Again, the action of the oxygen of the atmospheric air and that of the tears influencing the oxidation of the ferruginous coloring matter of the blood, may produce a deeper tint in the fibrinous substance exuded into the bottom of the abscess, which is opened by external ulceration. *Evaporation of the serous particles of the blood* ; may this not produce a more dense deposition of fibrine in the excavation ? And may not the same cause give rise to the deposition gradually, but continually, of the hydrochlorate of soda, with an excess of soda, and also of the phosphates of lime and soda, which being surrounded by the known species of mucilaginous matter (see Nysten Dict. de Med., Art. Larmes), is not speedily absorbed in this texture, possessed of but few absorbents naturally, and now utterly disproportionate in activity to the secretions ? This is the result of the evaporation of the tears elsewhere ; and if we had the requisite amount of heat, another result would follow, the serum would be deposited in albuminous layers resembling the white of egg (Hooper's Med. Dict., Art. Blood) ; but this with fibrinous organizations occurs in different conditions of the fibro-serous tissues (see Andral sur les mal. du

thorax), in pleuritis, endo and pericarditis, peritonitis ; and in the mucous membranes, in the cynanches of Cullen ; the diptherites of M. Bretonneau, &c. &c. Are the circumstances here also favorable to this exudation and formation of superabundant organization, requiring for repair, after absorption ?

The instantaneous blanching of an ulcer by the application of nit. of silver, has suggested a peculiar acid re-action on the fibrine, which has induced me hitherto to be satisfied with the simple idea of the slower but similar effect of the oxidation of the atmosphere, independently of the circulation of coloring globules, &c. ; but so interesting a pathological point cannot be allowed to rest on such crudity of ratiocination, but demands future investigation. Now, as to the reasons why an ulcer opening internally should not present a blur on healing ; if any, or all, of these suggestions be true and satisfactory in accounting for the presence of the blur, or tash, in an external ulceration, the absence of all these conditions internally, even of the requisites for the formation of false membranes (we do not here speak of cases in which the membrane of the aqueous humor, the iris, &c., are affected, for we find that "most frequently these albuminous flocculi tend to become dissolved in the serum"—[Andral, Chest, Art. Pleurisy]—the aqueous humor being within the serous solvent, its membrane being sane elsewhere than at the ulcer) ; I say, the absence of these circumstances may negatively account for the fact existent and under consideration. The experiments of Dr. Desmarres, after Prof. Recamier, of throwing a jet of water on the external surface, preventing evaporation of the serum (whose density being as 1029 is to 1000, would not evaporate as quickly as the water), with its consequences, yield support to the hypothesis under the head of evaporation, as well as to the one hereafter to be alluded to, the specific action of the aqueous humor ; though doubtless these injections or irrigations superadded other effects, the prevention of the accumulation of too dense and thick a layer of lymph by mechanically removing the superabundance, whilst permitting a sufficient quantity to be retained to perfect the union ; and again the favoring the dissolution of the coloring matter, both in the serum and in the fluid itself, whilst, lastly, the shock they gave imparted tone and vigorous contractility to the vessels, enabling them more closely to come into approximation and contact for union. Basing his analogical reasoning on these experiments, and doubtless on the known power of the serum and of water to dissolve the coloring matter of the blood (Hooper's Dict., Art. Blood), Dr. Desmarres asks, Is it the consequence of the incessant action of the aqueous humor on the effused matter and on the ulceration itself ? This seems to me to be much more than probable, and from the great rapidity with which the aqueous humor is re-produced after the operation for paracentesis oculi, I am inclined to think that the absorbing power (in an ordinarily healthy condition of the system, usually proportionate to the secreting one), has an activity so peculiar, that the superabundant fibrine (if allowed to be deposited), is immediately taken up, and from the dissolving power of this fluid is rapidly carried off by the ocular circulation ; but lastly, I am inclined to think a more substantial theory



can be constructed on the anatomy of the cornea, and particularly on the elastic membrane of that vaulted structure, which I alluded to in my note on "Profound Abscesses."

"The cornea is composed of four layers: 1st, of the conjunctiva; 2d, of the cornea proper, which consists of several very fine lamellæ, connected together by an extremely fine cellular tissue; 3d, of the cornea elastica, a fine 'elastic and exquisitely transparent membrane, exactly applied to the inner surface of the cornea proper; and 4th, of the lining membrane of the anterior chamber of the eye. The cornea elastica is remarkable for its perfect transparency, even when submitted for many days to the action of water or of alcohol; while the cornea proper is rendered perfectly opaque by the same immersion. Another character of the cornea elastica is its great elasticity, which causes it to roll up when divided or torn, in the same manner with the capsule of the lens. The use of this layer, according to Dr. Jacob, is to 'preserve the requisite permanent curvature of the cornea proper.'

"The opacity of the cornea, produced by pressure on the globe, results from the infiltration of the fluid into the cellular tissues connecting its layers." (Wilson's Anatomy, by Goddard.)

Superficial ulceration occurs just under the conjunctival covering of the cornea, implicating one or more of the layers of the lamellar cornea, which, as we have seen, are connected by cellular tissue, first to the conjunctival layer and next to each other, and are liable to infiltration. Here in this anatomical structure we have a very evident reason why fibrinous exudation and organization may and does more likely occur in the superficial ulceration, provided this be of a certain depth. The same truth holds good in the interstitial, or median abscess; and much more has it force when that abscess points outwardly. The greater the number of lamellæ susceptible of cellulo-interstitial effusion, so much the greater the lymphatic deposition. Now we come to the deep-seated abscess; this may be at first median, or, as is most usual, it may affect one or two of the deep-seated layers of the cornea, and there, before, above, or in front of the cornea elastica, come to maturity. Suppose, now, this elastic membrane and that of the aqueous humor, broken and perforated by the ulcerative process, and hypopion results. The immediate effect of the loss of substance there is to produce a contraction of the elastic membrane, at least this may be the result; at any rate, from the form of the membrane and from atmospheric pressure, a coalition, or at least an approach of the walls, occurs (which would also result from the organic contractility of this cornea elastica). True, the key stone of the arch is lessened, supposing the abscess central, as it usually is (but this need not be its situation in the arch); necessarily the convexity is temporarily augmented; though not considerably, still sufficient is the approach of the lips of the ulcer to prevent the patulous condition of the eschar, as occurs on the top of the arch (the outside of the cornea) where atmospheric pressure, so long as the inner lamellæ and the cornea elastica remain, can only flatten, not lessen in extent.

We have been granting an equal density to the tissues; this, however,

not being existent, but increasing as we go inwards, necessarily presents another most powerful obstacle to the fibrinous effusion; and instead of having a tissue, which under disease becomes spongy and relaxed as does the conjunctiva, predisposing to passive effusion, we have a dense fibrous structure, utterly opposed to imbibition, and only affected by inflammatory ulcerative destruction, and this slowly, comparatively speaking—at any rate not liable to the infiltration before alluded to, when speaking of the less dense tissues. The mechanical operation of the laws of gravity superadds weight of argument, when recollecting the differences in density of the tissues and of their connecting cellular bands. Let us presume the patient erect; from the concave form of the cornea inwards, the matter effused from the superficial ulcer would necessarily infiltrate, to a degree, in the spongy texture of the conjunctiva, and in the cellular tissues between the lamellæ, and then be accumulated, little by little, waiting for tardy absorption, undergoing partial organization; whilst from the deep-seated abscess it would escape into the anterior chamber, and meet with immediate removal by absorption. The same law affects the reasoning when the patient is lying on the back or sides, the ordinary position in which man places himself. These cursory suggestions are, I hope, the nucleus of further and more careful investigations. C., Tr.]

#### REPORT OF CASES.—RUPTURE OF THE UMBILICAL CORD—RUPTURE OF THE VAGINA.

By Wm. Workman, M.D.

[Read before the Worcester District Medical Society, January, 1832, and communicated for the Boston Medical and Surgical Journal.]

ON the 20th of October, 1833, I was called to visit Mrs. R., aged about 38, an Irish woman, naturally of robust constitution, but with health somewhat impaired, then in labor with her fifth child. First saw her at 7, P. M. According to her account, she had been in labor about thirty hours; the first part of the time the pains were moderate, but for the last seven or eight hours they had been very urgent and almost incessant. On examination, I found the os uteri well dilated, the membranes protruding into the pelvic cavity and very tense; but the presenting part of the fœtus was high up, yet above the brim of the pelvis. After some fifteen minutes delay, I ruptured the membranes; and such was the expulsive force of the uterus that it threw a jet of the liquor amnii more than three feet from the bedside. After a few minutes respite the uterine action was renewed as vigorously as before, and the head very soon descended partly into the pelvis; the position being the first oblique, or left acetabular; and I was for a time encouraged by the hope that the labor would be speedily finished by the natural efforts, notwithstanding the obstacles to be overcome.

The opposing difficulties were: 1st, a contraction of the brim of the pelvis, laterally, rendering its transverse and oblique diameters, as I judged, considerably below the medium size; perhaps a rare conformation. The



lower strait of the pelvis was of ample dimensions. 2d. A more serious obstruction was occasioned by a globular tumor of from one and a half to two inches in diameter, situated upon the sacrum just below the promontory. It was firmly attached upon a broad base, immovable, but quite elastic, being a little to the right of the centre, and to the touch communicating the idea of a fibro-cartilaginous structure. At this stage of the case the coronal region was pressing firmly on the tumor, the vertex had descended partly behind the symphysis, and the occiput rested on the left ramus of the pubes. Here it remained two hours, without making the least progress. The elasticity of the tumor would allow the head to advance a little during the height of the pains, but as soon as the action of the uterus slackened, it would recede to the same point again. Meanwhile the patient was vociferous, extremely restless, and most earnestly entreated that I would "use the instruments and relieve her from her torments."

I had delivered her with the forceps in two preceding labors under similar circumstances, with no untoward occurrence, except incontinence of urine for three or four days after the first accouchement. She had borne two children in Boston previously; the first, according to her account, was born by the natural efforts after a somewhat tedious and protracted labor. Of the second she was delivered with the forceps by the late Dr. Doane, of that city, after three days intense suffering, having been reduced to a state of great exhaustion.

Considering all the circumstances of the case, therefore, I was satisfied that longer delay would be useless. The patient lay on the left side upon a straw bed on the floor—a position not the most convenient for the operator, but as good as circumstances would permit. The left ear could only be reached with much difficulty during the slight remission of the pains, but the forceps were carefully introduced, and in a few minutes so adjusted as to lock readily, though the head was so high up as to carry the junction of the blades within the vulva. As soon as the extraction by the forceps was commenced, the patient exclaimed that her pain was very much relieved, that "she didn't suffer half as much as she did before." It required all the force I could possibly exert during a number of pains, together with the organic and voluntary efforts of the patient, which were neither weak nor slow, before the head could be advanced a single inch; but as soon as it had passed the superior strait, the labor was finished with great facility. While, however, the head was passing the vulva, the perineum still covering the face, I discovered the end of the ruptured umbilical cord hanging loose on the left side in front of the ear, then prolapsed about an inch and a half. I immediately brought out the head, urged the patient to make what voluntary effort she could, introduced my finger under the axilla, and speedily brought out the body of the child; but it was dead—perfectly blanched—exhibiting every appearance of death by hemorrhage shortly before birth. (The child was a female, of full size; weight, by estimation, about nine pounds.) The head was scarcely marked by the forceps, which were very accurately applied, the blades passing from the vertex over each ear, one just reaching, and the

other falling a few lines short of, the angle of the mouth. The skin was unbroken; the only injury was a slight cut at the right angle of the mouth on the inside of the upper lip, where it was passed by the point of one blade of the forceps. The cord was ruptured transversely (two thirds its diameter), an inch and a half from the umbilicus; in the other third it ran off obliquely, three fourths of an inch further.

I discovered no prolapsus of the cord until the ruptured extremity appeared by the side of the head, as it was emerging from the external organs. There were no *folds* of it prolapsed, and none about the neck of the fœtus, and, on careful examination, not the least mark of injury or violence of any kind could be detected on any part, except the ruptured extremity; and this must have been out of the reach of either forceps or fingers when the accident occurred.

I have been puzzled to account for this rupture. In domestic animals, where the cord is forcibly ruptured, it generally takes place some distance from the umbilicus; in the larger animals, from eight to twelve inches or more. If in this case it was occasioned by violence of any kind, why should it not have taken place at the point where that violence was applied? If it had been entangled under the forceps in any way, surely they must have left marks sufficient to show clearly where the force was applied.

I have described this case thus circumstantially and minutely, because it presents two points of considerable interest. And in order that the result may be duly appreciated, it seemed necessary that the history and treatment should be accurately and fully detailed. Rupture of the umbilical cord is an accident of somewhat rare occurrence; it may happen without any obvious cause; it may be the result of improper or unnecessary officious interference of the accoucheur. Judge ye. The pelvic tumor was one of extraordinary character. It was not a bony projection at the top of the sacrum, such as is often found in distortions of the pelvis; it was less solid than bone, and was of a character essentially different from the recto-vaginal tumors described by authors. This was the main cause of difficulty in the labor at this time, and on the two preceding occasions when I attended her, and probably was the cause of the difficulty in her second accouchement in Boston.

I was called upon to visit this woman again in labor, January 13th, 1840, in consultation with three medical gentlemen then in attendance. Meanwhile she had removed to a place some eleven or twelve miles distant from this town. I arrived at her residence at 6 o'clock, A. M., and found the attending physician present; the others had retired. He informed me that she had been in labor about three days, that there was nothing peculiar the first twenty-four hours, the pains were neither severe nor very frequent, and little or no progress was made. During the second day the pains increased, the head of the fœtus presented, advanced into the superior strait, was then arrested, and remained stationary for more than thirty hours. He had noticed the pelvic tumor, which he supposed caused the delay. During all this period the action of the uterus was continued with great force, and with scarcely any remission. About 4



o'clock, P. M., of the day before, while suffering a tremendous pain, she felt something give way in the region of the uterus; the pain immediately ceased, and was only slightly renewed two or three times afterwards. She complained of great prostration, of sinking and faintness at the epigastrium, and of distress diffused over the bowels. There was at this time extreme frequency of pulse, tenderness of the whole abdomen, the countenance had an anxious expression, the lips were swollen and somewhat livid. She begged most earnestly to be delivered without delay.

The attending physician, as he informed me, had suspected a rupture of the uterus, yet he was not fully satisfied of the correctness of that opinion, his colleagues of yesterday not concurring in it. I immediately sat down to the patient, and in examination readily discovered the os uteri, contracted to its usual size after the completion of labor. The vagina was extensively lacerated at its junction with the cervix uteri, and entirely detached from it on the left side and in front. The fœtus and placenta were in the peritoneal cavity among the intestines. I passed my hand up very carefully along the head, body and extremities of the fœtus, till I reached and felt very distinctly the anterior edge of the liver, in contact with which I found the feet, seized them and brought them down, and at length succeeded in accomplishing the full delivery of the patient, occupying about half an hour in the operation. The child was a male, and, like the previous children, of rather large size. The hemorrhage had been slight, a few small coagula only were found and removed. The patient bore the operation well, and expressed much gratification when it was finished.

The attending physician afterwards informed me that she lived till 4 o'clock, P. M., of same day, twenty-four hours from the time of the rupture. No *post-mortem* examination was made.

*Postscript.*—"There are two causes," says Dr. Blundell, "to which laceration of the uterus may be ascribed; the one is continued resistance to the passing of the fœtus, and the other is obstetric violence, whether of instruments or the hand." The former was obviously the cause in this case. Whether the life of the mother or child in this case might have been saved by delivery immediately after the occurrence of the rupture, is a question not to be asked. That she might have been safely delivered with the aid of the forceps before this occurrence, is very probable.

Rupture of the uterus or vagina is an obstetrical calamity, of all others, most to be deplored. It generally proves fatal to both mother and child. Yet many instances are recorded by obstetrical writers, of the preservation of one or both. To this end artificial delivery should be promptly effected. "The practice is, at present," says Dr. Collins, of Dublin, "invariably to effect the delivery as soon as possible after the laceration has taken place." He reports three cases of recovery of the mother, and two children saved. Burns, Dewees, Blundell and Moreau, all decidedly recommend this practice. When the laceration is not extensive, and the fœtus is still retained in utero, the delivery may be effected, by skilful management, either with the forceps or by the perforator and crotchet.

In extensive lacerations of the uterus and vagina, or of the vagina alone, the fœtus will generally escape into the peritoneal cavity, and the delivery may generally be accomplished by turning. Dr. Blundell charges his pupils thus, "in these dreadful emergencies." "If you are unequal to the duty, give up the management of the case altogether, and send for further assistance." If the circumstances are such that delivery, *per vias naturales*, is impracticable, an immediate resort to gastrotomy is very decidedly urged by Dewees and Moreau, rather than abandon a patient to her fate, undelivered. "Some few examples attest the success of this method," says Moreau. "It has saved some women; even some children have, through its agency, been born alive."

Worcester, April 24, 1847.

### MEDICAL EDUCATION.

[Communicated for the Boston Medical and Surgical Journal.]

MUCH has been said of late upon this subject, and it is high time that, for the interests of our race, and the profession too, much more be said and done. I have seen the evils of the present system for some time, but my humble position has hitherto forbidden any proposition as a remedy. Nor need I make one at present, for abler men have enlisted to perform this praiseworthy task. In the New York Medical and Surgical Reporter, of April 17th, there is an editorial which discloses much truth. Every one must see the rapid increase of quackery, and the decline of public confidence in regular physicians at the present day. There is a cause for this, undoubtedly; and this cause lies in our defective system of education. But the question very naturally arises, what and where are the defects of which I speak? Dr. Wagstaff has answered this question, in part, in the editorial above alluded to. Let me answer further. There are by far too many medical schools in our country. These United States, with their 20,000,000 inhabitants, have thirty medical schools, with 4500 students and 1300 graduates annually! France, with her 35,000,000 inhabitants, has barely three medical schools, at which only 700 students graduate annually! And what is the consequence? It is this. Every young man who is either too lazy or too stupid to obtain a livelihood in any other way, embarks in the medical profession. It costs him comparatively nothing; neither time, talent, industry or money. Such is the competition existing between the numerous rival schools, that in order to swell the number of their respective classes, students often matriculate on credit, and graduate for the price of their diploma. Thus they are turned out upon the community with authority, not a word of which they can read, save their own and their teachers' names. Thus they go forth, to exult over and insult, perhaps, the industrious, unassuming and worthy young man, who has spent, perhaps, four, five or six years in close application to study, under a competent *practical* teacher, with the advantages of dissections, *post-mortem* examinations, and an extensive medical and surgical practice, and has



passed a competent and uninterested board of examiners, *because*, forsooth, he is not a *graduate*. Now the title of M.D., if obtained in the manner it should be, and bestowed where it is merited, would be an honor to, and should be sought for by, all who intend to practise the medical profession. But it has now become so common, and so destitute of dignity, that were I not in possession of it, I would hardly give the price of one to obtain it. Let young men be prepared, by at least a good English education, before entering college; let their moral and mental character be inquired into; let them not be hurried through their course of studies; let them not be examined by their own professors, who are ever anxious to swell the number of graduates, and sell as many diplomas as possible; but let them go before an unbiassed and uninterested board of examiners, and there undergo an impartial and thorough test. Then will their diplomas entitle them to respect and confidence. Then will the number of medical schools, which have sprung up, mushroom-like, all over the land, dwindle down to a *healthy* standard, and the country will not be swarmed with their legitimate offspring. Quackery will go into a *decline*, the profession will command respect, and the world will be benefited by medical science. M.

#### INHALATION OF THE ETHEREAL TINCTURE OF OPIUM.

To the Editor of the Boston Medical and Surgical Journal.

DEAR SIR,—In giving my experience relative to the inhalation of the ethereal tincture of opium for the purpose of rendering persons insensible to pain during surgical operations, I trust that I shall not be accounted by the profession and public, one of those parasitic growths, which by extent of foliage seemingly endeavor to conceal the connection of fruit with the legitimate branch. For whatever I may say with regard to the date of my knowledge of the effect produced by the ethereal compound, I am ready, with the public, to acknowledge the priority of Dr. Jackson's claims (which he dates some five years since), rendered appropriate by his scientific attainments, manifold incentives and facilities for experiment; and above all to the boldness of Dr. Morton's advances in testing its capabilities, as it is to him that the world is mainly indebted for proving its practical utility, in obviating the dread of those operations to which we are subject by the accidents of life, as the period which elapsed from the date of the discovery plainly shows the necessity of his perseverance in demonstrating its power. During the spring of 1846, I completed an instrument for inhaling medicinal vapors in pulmonary complaints, with the idea of bringing, by its aid, the remedy in contact with the diseased surface. And among the first articles made use of, was the ethereal tincture of opium—selected, from its being an excellent solvent for the active principle of the drug, and the slight degree of heat required to disengage its volatile power. My first patient, Mr. D., a Methodist clergyman, suffering from extensive bronchial irritation, inhaled the preparation during my absence until he became insensible, in

which state he fell upon the floor, severely injuring his head against the projecting corner of the stove. When I arrived, he had partially recovered, but was unable to give me a tangible account of his feelings, although he described them as being far from unpleasant. He added, that he knew when he was about to fall, but was unable to prevent it; also when his head struck against the stove, which caused no sensation of pain. From the result I discontinued its use in his case, ascribing the effect in part to the combination, and some peculiar idiosyncrasy, being determined to make a careful trial of it whenever a favorable opportunity should occur.

My second trial was made some months after. The subject was a young lady, suffering from a severe pain in her left side, at the apex of the lung, accompanied by a severe cough, and the usual symptoms of phthisis. The pain and cough were increased when she first inhaled the vapor, but were overcome by perseverance. Languor succeeded, loss of expression, instability of the eye, and quivering of the muscular appendages, and upon making an attempt, through fear, to remove the instrument from her mouth, she grasped and held it firmly, until nervous lassitude from over excitement relaxed the muscles and complete insensibility supervened. In restoring her to consciousness, the salts of ammonia were used, and the remedies usually applied for the relief of fainting. After a few moments of trouble and anxiety, she was restored, although she suffered several days from debility.

My next attempt with it was made for the purpose of modifying pain occasioned by opening a sinous abscess, which had traced a passage from the muscles of the neck to the lower portion of the sternum. The experiment in this case was perfectly successful; the collection of pus was removed without the sensation of pain!

My experiments were then suspended, from various causes, until the month of August, 1846, although I described the process to several friends, among whom were Drs. Brown of Manchester, and Clough of Boston, who thought, with myself, that its use would prove injurious; but with the assurance guaranteed by the experiments of Dr. Morton, I again resumed its use divested of the fear which attended my previous trials, and have administered it in some hundreds of cases without producing perceptible injury in a single instance—having refused applications where persons exhibited symptoms of functional or organic disease of the heart, believing its effect upon the circulatory system to be the active principle in producing the phenomena ascribed to its use.

*Boston, April 9, 1847.*

Yours truly,  
E. R. SMILIE.

---

#### HARDSHIP AND LONGEVITY.

[Communicated for the Boston Medical and Surgical Journal.]

MRS. GRINDLE, 102 years of age last March, was one of the earliest settlers of Goshen, N. H., and was born in Kingston. She was married about 32 years of age; endured great hardships, such as manufacturing



potash, and carrying it to market forty miles on horseback, and returning with grain for her family, by trails alone through the forest, which at that time was tenanted by wolves, bears and catamounts. Mrs. G. has been subject to fits, resembling, from description, hysteria; has had several fevers, and has been an habitual smoker of tobacco, and a snuff-taker, for a great number of years. She has been temperate and sober in other respects, and a member of the Baptist church. She recollects many anecdotes connected with her early days, and the settlement of this part of New Hampshire. Her senses are becoming obtuse from age, with a recent loss of locomotion, although she has perfect command of the superior extremities, with nerves quite as firm as those of any lady at 25. She had but one child, as I was informed by Samuel Burnham, Esq., her grandson, with whom she resides. Yours, &c.

Newport, N. H., April 19, 1847.

THOMAS SANBORN.

## THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, MAY 5, 1847.

*Local Medical Biographies.*—Several members of the profession have recently died in Boston and its vicinity, holding positions in society that were gained by efforts of no every-day kind; and if sketches of their active lives could be furnished, both profit and pleasure would be derived from tracing the footsteps of those who lived in honor and died regretted. The French do more for the memory of those who have been useful in the community, than any other modern nation. They pronounce eulogies over their remains, and hold up the virtues, and all the useful characteristic qualities of the dead, to the admiration of the people. Here, there is a culpable slackness in doing what may perhaps be sometimes over-done in that country.

Considerations of this kind bring to mind the neglected memory of the late Dr. Wyman, the first man in New England who devoted himself to the labor of ameliorating the condition of the insane. Scarcely anything is known of his early pursuits, or of that system of practice which gave him distinction, beyond a newspaper notice.

It occurs to us that the late Dr. Shurtleff, who was in the medical staff of the navy while in its infancy, and whose name is perpetuated at the West, in the Shurtleff College, must have had something in his history, that would be read with avidity. Young Dr. Wigglesworth, who was particularly devoted to ophthalmic surgery, and who was recently cut down in the very morning of his days, by a disease which no skill could either detect or relieve, had bright points in his character. Why cannot medical readers have some account of him? Reference might be made to several recent deaths in the medical ranks throughout the country, which have been but barely recorded in the journals of the day. The example of a good man and successful physician should not be lost with his death.

*Surgical Malpractice.*—A paragraph is running through the papers to the effect, that Dr. Robinson, of Ohio, has been mulcted in the sum of

\$2500, for malpractice, by which a patient lost the use of a limb. Without knowing any of the circumstances of the case, it is not unreasonable to suppose that it bears a striking analogy to many former prosecutions of the kind in this country, in which there is more law than justice. A few years since, the public sentiment in Western New York was so much in favor of breaking down surgeons in this way, that some of the most distinguished members of the profession, warned by years of experience, were hardly willing to give advice in surgical practice, on account of the hazard of being prosecuted by some unprincipled fellow, who either expected to gain more money by it than he could get by honest industry, or sought that method of being revenged, for some supposed injury, by ruining the surgeon in purse and reputation. The fever extended into Vermont, and even reached a portion of Canada, where Dr. Colby, of Stanstead, was shamefully treated by individuals, who nearly succeeded in wrenching from him the accumulations of many years of laborious industry. Here in Massachusetts the trick has been attempted on a small scale two or three times, but the result has not been sufficiently encouraging to induce many to embark in it. The very last practical intimation of the kind, that it would be agreeable to have something in the way of a compensation for an unsuccessful operation, was in Boston—but there happens to be too much intelligence here, for such depredators to succeed. A feeling like this is predominant in China. If the patient dies, the sum of money that satisfies the bereft survivors is just all they can get. When Dr. Parker commenced his bold, successful system of surgery there, he was careful to have a bond executed, to save himself from endless vexations and pecuniary losses, if he were unsuccessful or death should follow—and when his demands in that respect were complied with, he proceeded, and not before. The Ohio surgeons, on all future occasions, had perhaps better adopt a similar course; and those in other States where the mania begins to show itself against the surgical craft, may save themselves by imitating Dr. Parker's prudential measures.

---

*Nurses' Assistant.*—A singular invention, the utility of which is apparent at sight, is to be seen in Sudbury Street, in this city. It is a simple piece of mechanism for the nursery, having in view the daily comfort of infants. While the physical wants of youth, and men and women, have in no wise been neglected, as the multiplication of riding schools, gymnastic institutions, and rooms for calisthenic exercises, abundantly indicate, nursing children have remained in statu quo, as regards nursery appliances for varying their position and exercising their little limbs. Although nature evidently intended variety in motion, they have been kept down for ages past to the crib, cradle and nurse's lap, week in and week out, in one but slightly varying scene of monotony. Whoever invented the above-named contrivance for giving these little beings a delightful variety of exercise, suspended in a dress securely buttoning them up so that they may be danced in all manner of ways, by an India rubber strap, was a philanthropist, whose memory will be gratefully cherished by a future generation. We shall not attempt a description of the apparatus, but cannot think, if it shall prove as useful as it now promises, there is a professional gentleman or a mother in all christendom, who would not say that a desideratum has been achieved, not hereafter to be willingly relinquished.



*Crystallized Medicated Soap.*—Messrs. Briggs & Co., manufacturers of soaps, have given the public an article of peculiar delicacy, which is represented to be excellent in cutaneous eruptions. On several occasions, we have expressed an opinion that soaps were not used in the management of ulcers, of late, as they were by the surgeons of a by-gone age, who were distinguished in that branch of surgery. And one reason why soaps have gone into disrepute in such cases, is probably owing to their bad quality, for it is acknowledged very frankly by those best acquainted with the process of manufacture, that very poor materials are not unfrequently palmed off in the trade. A harsh, reddish, chapped condition of the hands is brought on by imperfectly made soap—and, worse still, a dry, husky condition of the skin is not only aggravated, but perhaps perpetuated, by vile compositions, disguised under a sweet odor. So of the face,—sad work is made of the cuticle, if the lye happens to be too strong. There is a way of taking off the roughness of the barilla, and giving an emollient character to all saponaceous preparations used in shaving, so that they may be a source of comfort instead of protracted misery. After a close examination of the few kinds of medicated soaps by the firm above mentioned, we cannot do otherwise than state that the specimens are admirable, and exhibit the progress of scientific skill in an essential department of domestic economy. Mr. Davis, of Cambridge, has also carried the business to a high degree of perfection, and established a reputation worth possessing, for his chemical knowledge applied to this branch of industry. Messrs. Briggs & Co. have only to exhibit their specimens to insure a great circle of consumers.

---

*Connecticut Medical Society.*—The annual Convention of the Connecticut Medical Society will be held at Hartford, on Wednesday, the 12th of May inst.

The following persons have been chosen as Fellows:—

*Hartford County.*—Drs. H. A. Grant, Wm. Scott, Samuel Hart, Samuel B. Beresford, Sidney Rockwell.

*New Haven County.*—Drs. Eli Ives, G. O. Sumner, C. S. Thompson, D. A. Tyler, Alvan Talcott.

*New London County.*—Drs. Chauncey Burgess, Ashbel Woodward, R. W. Matthewson, John D. Ford, E. B. Downing.

*Windham County.*—Drs. Wm. Witter, Daniel A. Hovey, Daniel E. Hale, Hiram Holt, Lorenzo Marcy.

*Litchfield County.*—Drs. Benjamin Welch, Jr., Loomis North, Sidney H. Lyman, Daniel E. Bostwick, A. M. Huxley.

*Fairfield County.*—Drs. Sturges Bulkley, A. L. Williams, H. N. Bennett, Stephen Middlebrook, George Dyer.

*Middlesex County.*—Drs. Elisha B. Nye, Asa H. King, Wm. H. Tremain.

*Tolland County.*—Drs. John H. Manning, Wm. N. Clarke, Alden Skinner.

*Delegates to the National Convention.* to be holden in Philadelphia. May 5th: Drs. George Sumner, N. B. Ives, B. F. Barker, Elijah Baldwin, Johnson C. Hatch, Elijah Middlebrook, Wm. B. Casey, Alden Skinner.

---

*Jefferson Medical College.*—At a public commencement of the Jefferson Medical College, March 25th, the surprising number of *one hundred and*

*eighty-one* students were graduated—more than the whole number in attendance at very many other institutions. The total number of students was four hundred and ninety-three. The degree of Doctor of Medicine was also conferred on Benjamin F. Keene, of Georgia, and A. H. Baker, of Ohio; and the *ad eundem* degree of Doctor of Medicine on Robert C. Martin, M.D., of North Carolina, and William J. Weaver, M.D., of Indiana. Professor Dunglison delivered a parting charge, distinguished for its appropriateness to the occasion, and which is deserving of far more attention than we have room to give it. He introduced a spirited sketch of the life of Dr. John Mason Good, as an example of the results of personal effort, under discouragements, in achieving the most elevated position in the world of knowledge. Industry is the golden ladder by which men rise to distinction and influence, and all that has been accomplished in the medical profession has resulted from unceasing effort. The coarseness of Hunter, Radcliffe and Abernethy, always injured them individually, and very much lessened the extent of power they might have exercised, had they cultivated courtesy of manner and gentlemanly bearing towards others. Dr. Dunglison treated his subject like a scholar, and a man of science.

*Pennsylvania College.*—On the 5th of March there were graduated by the Medical Department of this College, in Philadelphia, thirty-two, out of ninety-five in the class. The honorary degree of Doctor of Medicine was conferred upon Dr. Richard S. Taliaferro, of Virginia, and Dr. John Paddock, of St. Johns, New Brunswick. A farewell discourse was pronounced by Washington T. Atlee, M.D., Professor of Chemistry, which was replete with sound maxims and rules of action for a physician. He laid stress on the matter of intercourse with patients, and spoke of the value of candor and sincerity with them; of the dignity of the profession, charging the graduates not to let it suffer in their hands, by relating to the world the occurrences of the sick room. Self-denial and sacrifices were adverted to; and the dangers of being tempted to do unprofessional acts, in violation of the civil and moral laws, spread out before them. In short, the valedictory would have been creditable to any medical professor in Philadelphia or elsewhere.

*Treatise on the Diseases of Children.\**—The title calls this a *practical* treatise, and it calls it by its right name. It is strictly practical. Not that its plan has excluded philosophy, for its practice grows out of the principles it inculcates. These principles are the basis of its pathology, and the author has with industry and discrimination gathered them from the best authorities in medicine. It is here that the value of his work will be found. He has made himself familiar with the medical literature of his subject, and has his illustrations and his proof in a wide experience. The medical public has expressed itself strongly in his favor, seeing that in less than three years a new edition of his work has been called for, and this is now offered to the profession much improved by the diligent oversight of the author.

We have examined this work with pleasure and with profit. It is very well arranged, and of easy reference. It is full of detail, and still not em-

---

\* A Practical Treatise on the Diseases of Children. By D. Francis Condie, M.D., Fellow of the College of Physicians. Member of the American Philosophical Society, Honorary Member of the Philadelphia Medical Society, &c. *Quæ prosunt omnibus.* Philadelphia, Lea & Blanchard, 1844. Pp. 651. Ibid, Second edition, revised and augmented, 1847.



barrassing by the affluence of its histories, or by the variety of its therapeutic suggestions. The disease is carefully described, and its treatment very fully expounded. It is divided into two parts. The first treats of the hygienic management of children—the peculiarities of organization and function, during infancy and childhood—pathology of infancy and childhood—semiology of the diseases of infancy and childhood. This part of the volume is of great interest. It treats very fully of matters which have not always place in similar works, and with which it is of great consequence that the student and practitioner should be thoroughly acquainted. We commend it to careful perusal. The second part, in seven sections, treats of the diseases of the digestive, and of the respiratory organs, of the nervous system, of the diseases of the skin, of cutaneous eruptions, of the diseases of the nutritive system, of the urinary organs, and, lastly, of congenital affections, and accidents occurring most generally within the month. From this very brief sketch of the contents of this volume, gathered as it is from the table of contents, the reader will learn what is the extent of the field it occupies in medicine, and may infer what its skilful cultivation has produced. It is very cordially recommended to the profession, and its publishers are gratefully thanked for this, one of their latest contributions to our medical literature. W. C.

*Medical Miscellany.*—Dr. Lewis, of this city, recently amputated at the shoulder-joint for the fourth time. It is quite remarkable that three of these operations were rendered necessary by having the arm crushed in a steam bakery.—The first course of lectures on the diseases of children, in the Boylston Medical School, commenced on Monday, April 26, at the Infirmary, 425½ Washington street.—A case is related in the American Journal of Dental Science, of a man in Homer, N. Y., who swallowed in the night eleven artificial teeth, fastened by several gold pivots to a plate, and as many old stumps. The mass did not reach the stomach, but was extracted by two physicians.—Mr. Ely, an English veterinary surgeon, excised successfully a salivary calculus, as large as a duck's egg, from the face of a horse.

TO CORRESPONDENTS, &c.—The communications of Drs. Dix, Nims and Rust are received. The "facts" of "A." are valueless without a signature, but his intimations may be worth publishing.

Subscribers who have not attended to the bills which were enclosed in their Journals some weeks since, are earnestly requested to do so. Money may be sent by mail, and postmasters, at most of the offices, have again the privilege of franking letters to publishers.

Information is wanted at this office respecting Mr. Ira H. Stewart, who was entrusted with some business transactions for the Journal in Vermont some months since. Mr. S. is not now an authorized agent for the Journal.

MARRIED.—At Rutland, Michigan, John Roberts, M.D., to Miss A. Brewer.—In New York, Dr. A. B. Coe to Miss S. A. Mygatt.—At Manchester, Conn., Dr. Wm. Woodbridge to Miss M. A. Bidwell.—At New Preston, Conn., Dr. Sydney H. Lyman to Miss A. C. Beardsley.

DIED.—In New York, of a pulmonary complaint, Dr. John Revere, Professor of Theory and Practice in the University of that city.

*Report of Deaths in Boston*—for the week ending May 1st, 59.—Males, 29—females, 30. Stillborn, 7. Of consumption, 10—typhus fever, 16—lung fever, 3—pleurisy, 1—apoplexy, 1—dropsy on the chest, 1—disease of the brain, 2—scrofula, 1—old age, 1—disease of the liver, 2—debility, 2—child-bed, 1—disease of the heart, 2—croup, 3—infantile, 4—inflammation of the lungs, 1—strangury, 1—dropsy on the brain, 3—cholera infantum, 1—marasmus, 1—smallpox, 1—inflammation of the bowels, 1.

Under 5 years, 17—between 5 and 20 years, 11—between 20 and 40 years, 16—between 40 and 60 years, 8—over 60 years, 7.

*Epidemic Hepatitis, by John G. House, M.D., Springville, N. Y.*—In looking over the Boston Medical and Surgical Journal of January 13th, 1847, I find an article entitled Epidemic Hepatitis, in which the author describes a disease so exactly resembling one which has prevailed in this place during the last three months, that I am induced to give a short description of its history and pathology. My attention was first directed to the subject in November, by being called to attend on four cases of intense Icterus in the space of ten days. I had not previously seen a case of the kind in several months. They were ordinary cases of Jaundice, which uniformly yielded to three or four small powders of calomel, followed by a cathartic of the Black dose (Salts and Senna) or Ol. Ricini. The advance of the disease in these cases was quite mild—consequently I was not called in till the color had become very intense. But the remaining five cases were of a severer grade. They were ushered in by chills and severe pain in the epigastrium towards the right hypochondrium, of a spasmodic character, causing the patient to cry out. There was most exquisite tenderness on pressure, not only over the epigastrium, but the whole of the bowels. In most cases the bowels were not obstinately constipated, but were usually moved by a large dose of calomel and castor oil. The pain and spasm were extremely obstinate, often continuing three or four days, notwithstanding recourse to copious venesections, warm bath and opiates, in large doses. Epispastics over the right hypochondrium had a very good effect in all the cases. Relapses were frequent, and convalescence slow. Finally, a slight mercurial impression seemed necessary to eradicate the disease. The pathology of this disease I believe to be inflammation of the mucous coat of the duodenum extending up the ductus communis to the concave surface of the liver, in some cases producing spasm of the duct and Icterus. I saw no cases complicated with Typhus—yet Typhoid Fever was prevalent at that time.—*Buffalo Med. Journal.*

---

*Inhalation of Ether.*—There can be no doubt of the advantages of simplicity and universality in the mode of using ether. Eventually some one mode of inhalation will, without doubt, come into general use to the exclusion of all others. Dr. Smith, of Cheltenham, is of opinion, “that the most simple contrivance for the effectual and safe administration of ether by inhalation, is to saturate a sponge with the following ethereal solution, and apply it to the mouth and nostrils, so that the patient may breathe easily through it. The ethereal solution which I recommend, and which, from its less irritating and more sedative properties, I have found to answer better than either sulphuric or chloric ether alone, is prepared by adding two drachms of ethereal oil (ol. etherium) to six ounces of pure rectified sulphuric ether. I have now administered the ether in more than forty cases, and have tried a variety of apparatus, but am persuaded the above is the cheapest, safest and best. In one case, operated on by Mr. Tibbs, surgeon dentist, three teeth were extracted without pain, and the effects of the ether were kept up for nearly three quarters of an hour, by the continual application of the sponge, and without the slightest unpleasant after-consequences. Mr. Fricker, surgeon, and Mr. Percy, were present, besides Mr. Tibbs and myself, and expressed themselves highly gratified with the result.”

*An Inquirer* asks the question, “Would not etherization be an excellent remedy in spasmodic and neuralgic diseases?”—*London Lancet.*



# THE BOSTON MEDICAL AND SURGICAL JOURNAL.

VOL. XXXVI.

WEDNESDAY, MAY 12, 1847.

No. 15.

## CONICAL CORNEA CURABLE.

By J. H. Dix, M.D.

[Communicated for the Boston Medical and Surgical Journal.]

To establish the curability of a disease which has hitherto been asserted by the best authorities to be incurable, something more may be expected than a single case, and I regret that I have no other to offer; the only cases of conical cornea which I have recently met with, being combined with congenital amaurosis in the persons of two brothers, to whom, of course, no sufficient encouragement could be offered for submitting to a tedious course of treatment. To those who may take the trouble to read the whole statement of the case, this assertion will, I trust, not appear presumptuous or hasty. To others, whose interest may not be strong enough to enter upon its lengthened details, it may suffice to say that the cornea was conical in both eyes, most so in the right; that the treatment consisted in puncturing the cornea near its margin, so frequently as to keep the aqueous humor almost constantly evacuated, and in supporting and forcing gently back the projecting centre of the cornea by placing a compress upon the closed lids of the eye last punctured, while at the same time the opposite eye was allowed or obliged to be looking forward or downward; that the treatment occupied, with intermissions, fifteen months; that during this period the cornea of the left eye was punctured eighty, and that of the right one hundred and forty-four times; that before the commencement of the treatment she could just discover the largest letters of a title-page, and at its close could read common print with ease; that a visible flattening had meanwhile taken place in the cornea of both eyes, and that during the period of two years and four months which have passed since the treatment terminated, the condition of the eyes has remained unchanged.

The puncturing of the cornea for this disease is not, as is well known, a new, although it has been, like all others, confessedly an unsuccessful mode of treatment.\* But the process of puncturing the cornea daily or oftener, evacuating the aqueous humor so frequently, as to prevent its attaining for some months its ordinary amount, is new. The mode of applying compression perpendicularly to the centre of the cornea by bandaging a compress upon the punctured eye, while the other is voluntarily kept open and looking forward or downward, is also new; and,

\* Mackenzie, Lawrence, Middlemore, Gibson, Juencken, Rosas, &c.

in view of these two circumstances, I would claim to have devised for conical cornea a new and efficient mode of treatment. The punctures were made near the margin of the cornea, and always, if possible, in the same place, because the instrument is more easily passed through the recently-formed adhesions of a previous opening, and because the aperture thus renewed is less disposed to close again. Once, in order to ascertain the condition of the texture in this place, I punctured the apex of each cornea, and found it, as nearly as could be inferred from the resistance offered, not thicker than the thinnest tissue paper. The fear of leaving an opaque cicatrix in front of the pupil, prevented a repetition. The instrument used at first was a broad straight cataract needle, for which I substituted very soon one about a sixteenth of an inch broad, spear-pointed, and provided with a little projection or guard at the distance of rather less than an eighth of an inch from the point. The case was seen in the course of the treatment by several of my medical friends, among whom were Drs. Wm. J. Dale and Coale.

May 6th, 1843.—Miss B., of Dracut, æt. 22, about six years ago, while at school, was troubled with a smarting and pain in the eyes, and intolerance of light, unaccompanied, as she believes, with any redness. These symptoms continued for about six months, and about three years ago she found that her vision had become very imperfect, that she could not read except by day-light, and then with difficulty, and could not see distant objects at all. The difficulty has clearly increased, and within the last year she has seen constantly transparent floating spectra like bubbles, and all objects, at which she looks intently, inverted, with a light halo. Still more recently she has begun to see objects double, and this whether she is looking with one or both eyes, though the double vision is most decided in the right eye, in which the disease of the cornea is most developed. Now she can just discern, at the distance of five inches, the largest letters of a title-page, though each letter is seen doubled, and encircled with a sort of halo.

The false image is always below the real one, and though usually fainter, is sometimes the brightest. The halo which she sees around an object is of the same color as the object. Besides these phenomena, there is in every object at which she looks intently, an apparent vibration, or, as she calls it, pulsation, most evident near the lower part of the image. This pulsatory movement is most distinct when she has been walking or exercising otherwise. The cornea of each eye is distinctly conical, the right more so than the left. The apex of the cone in the right eye is irregular on its surface, and very slightly nebular. Some irregularity of surface is evident on examination with lens in the apex of the cone in the left eye. The double vision is most distinct before the right eye. Occasionally, after exposure to wind, she has a smarting in the eyes. Iris dark blue. Health good.

July 5th, 1844.—It is now fourteen months that Miss B. has been under treatment, and the following is an abstract of the treatment.

With a broad cataract needle I evacuated the aqueous humor of each eye, making the opening into the cornea at the distance of about half of



a line from the margin of the cornea, and taking care to hold the edges of the incision apart until the chambers were thoroughly evacuated, indicated, of course, by the prolapse of the iris upon the cornea. This operation was done upon both eyes every second or third day, for nine weeks, after which she returned home, and, for eight weeks, made use of an infusion of tobacco, one ounce to a pint of water, and a collyrium of alum, grs. vj. ; aquæ dist., ℥ j., alternately four times daily, holding the eyes open in the fluid.

Returning to Boston, the process of puncturing was resumed, and in the course of twelve weeks performed thirty-two times upon each eye, both being usually punctured at the same time, unless, as was sometimes the case, the perforation of the cornea in one eye continued open longer than in the other. She then went home, and applied the tobacco and alum as before, for five weeks.

Returning again to Boston, she has remained twenty-nine weeks, during which time the right eye has been punctured sixty-one, and the left forty-eight times.

The punctures have been made throughout the whole period as often as the cornea has closed and the aqueous humor filled its chambers, so that it has often been done daily, and in one or two instances twice daily. During the two first periods, the punctures were made at the same time upon both eyes, except when one continued open longer than the other, and both eyes were kept covered for two or three hours afterwards with cold compresses. During these periods it was at no time considered necessary to refrain from the operation on account of inflammation or pain in either eye. During the last period of twenty-nine weeks I have pursued a different method. One eye is punctured and the compress placed upon it as usual, but she keeps the other eye open, looking forward or downward with it as long and as often as she can do it with tolerable convenience. This arrangement I adopted for the purpose of bringing the pressure of the compress to bear upon the projecting cornea. When both eyes are closed, the direction of the cornea is principally upward; but when one eye is closed and the other open, the position of the eye which is closed corresponds with that of the eye which is open, and the cornea is brought under the direct pressure of the compress. This is necessarily attended with some inconvenience, and on two occasions, Miss B., having kept the eye which had not been punctured open until the other had become quite painful, the puncturing was omitted for two or three days after the closing of the cornea. In one of these instances a slight haziness took place around the incision, which disappeared in about four days.

For the last five or six months no inconvenience has resulted, Miss B. having learned to judge from the sensations of the eye how long the pressure can be borne.

The whole number of punctures has been two hundred and twenty-four, of which one hundred and forty-four were upon the right, and eighty on the left eye. They were made as nearly as possible in the same place, near the circumference of the cornea, in order to avoid a cicatrix

within the range of vision, and frequently it was only necessary to separate the edges of the last opening not yet fully united. The occasional projection of the cornea has slowly subsided, and though still perceptible, is probably diminished about one half.

During the fourth week of the treatment Miss B. first observed a decided change in the phenomena of her vision, inasmuch as the false image of any object, at which she looks, being fainter, is more easily distinguishable from the real one, and the two images had become so much approximated that a portion of the false one was often hidden behind the real one.

During the course of the second series of punctures, she found that the halo around objects was less intense, that the vibratory, pulsatory movement of the image, most considerable at its centre and enhanced by fatigue, was less frequent and less decided than before; and that the luminous translucent spectra were less in number and size.

As these symptoms have disappeared, the shortsightedness has diminished, and by a mantel clock, of the general figure of which she had formerly but an indistinct impression at a distance of ten feet, she can now, at the same distance, tell the time of day. The surface of the dial plate is about one tenth of the whole surface of the clock. She can read common print, write and sew. I have to-day received a letter of a page and a half from her, in which she says that she has just been reading two columns of a newspaper at the distance of about twelve inches.

Nov. 10th, 1846.—It is now three years and seven months since the treatment of this case was commenced, and two years and four months since its termination. To-day she calls upon me to report the condition of her eyes. Looking at her eyes I perceived, as nearly as I can remember, after so long an interval, the same and no greater projection of the cornea than when I last saw her. In the left eye the cicatrix left by the punctures has disappeared, and in the right is just discernible. Her vision has not in the least degree deteriorated. She can tell the time by my mantel clock at the distance of sixteen feet, and for the past week has been reading about two hours daily in newspaper print. This amount of use, however, causes a slight uneasiness in the eyes, but she believes not so much as immediately after the conclusion of the treatment. There is, therefore, good ground to believe that the excessive convexity of the cornea has been *permanently* relieved.

*Boston, April 20th, 1847.*

#### THE LATE JOHN REVERE, M.D.

[Communicated for the Boston Medical and Surgical Journal.]

"Died at New York, 29th ult., John Revere, M.D., Professor in the Medical School of the University of New York, 60, graduate at Harvard University in the class of 1807."

THE above announcement brought vividly to mind an old fellow pupil, and an early friend. Dr. Revere was born in this city, and his father is



in honored memory for faithful and important services in the war of the Revolution, and as a citizen through a long life afterwards.

He entered as a student of medicine with Dr. James Jackson, after his graduation in our University, and it was here that I formed an acquaintance with him which has continued, with interruptions, ever since. We had attended medical lectures together at Cambridge, and our classes were so near as to allow of some intercourse before. He was an excellent medical student. He was desirous of success, and he labored to obtain it. It is in certain memory that he did not study in vain. It was the custom then to study in the preceptor's house or office. The student was called on to put up prescriptions when needed. A great deal of time, the day, the whole day, and evening, were devoted to work. We were examined in the books we read. We did not in the first weeks or months of pupilage, see much practice. We devoted the time to getting eyes, so to speak, to see with. Accidents, surgical operations and *post-mortuary* examinations we were permitted to witness, and these formed the principal matters of practical observation, and of outward study. Dr. Revere was very faithful to such opportunities, and early acquired habits of investigation which were confirmed in later and wider fields of study.

We parted upon leaving the office of our earliest and most important instructor—he for Europe, and I for Philadelphia. After three years or more, I met with Dr. Revere again in Edinburgh. He had visited other cities, devoted himself to professional studies in them, and had reached Edinburgh with a view to graduating in its celebrated medical school. That winter was a most pleasant one. The best opportunities for study and for practice were offered the student, and the society of Americans, and of the inhabitants, made our Edinburgh residence exceedingly agreeable. We lived in the same house, pursued like studies, and had the same society. In the School were Gregory, Hope, Home, Hamilton, Monroe—in the literary society were McKenzie, Ferguson, Scott, Jeffrey, Sinclair, Grant, Brown, &c. From America, we had Messrs. F. Parkman, Isaac Hurd, B. Lincoln, of Boston; Renwick, of New York; Rensselaer, present patroon of Albany; B. Rush, of Philadelphia; and Mr. F. C. Lowell, of Boston, and his family, and to these, especially, we were all most deeply indebted for a hospitality and an introduction to a society, which made that half year to Dr. R. and myself so highly agreeable, and so truly useful. I cannot forget a tour on foot which we made together that autumn through the Highlands of Scotland, then made classic ground by the poetry of Scott, and even more so since by his wonderful prose.

Dr. Revere returned to Boston after finishing his education and getting his degree, and began to practise medicine. He began, as was not uncommon then, at the "North End," and came further towards the centre of the town as his practice increased. His health, however, began to fail. He suffered from frequent attacks of inflammation of the lungs, accompanied by bloody expectoration, and followed by long cough, and at length presenting many of the rational signs of phthisis. Such at

length was his exhaustion, and difficulty, if not impossibility, of doing any business, that he was advised to go by water to a southern State, and to learn what might be the effect of a short voyage, and of change of climate. He went to Richmond, Va., and arrived there after a short detention in a harbor in the bay, in a condition remarkably improved; his cough and expectoration were nothing to what they had been, so that after remaining a short time in Richmond, he left for Baltimore with a purpose of settling in that city. He began practice there, and having leisure, devoted some of it to the study of chemistry, and to experiments which might result in useful discoveries. Among these were attempts to prevent the rusting of iron in sea water, with a view to using this comparatively cheap metal on the bottoms of ships, as a substitute for copper. Dr. Revere, thinking he had arrived at his object, went to England, and there interested Sir Wm. Adams, formerly a distinguished oculist, in his project. He remained abroad two or three years, and then returned to America. While in Baltimore he had translated Magendie's Physiology, and published some papers on professional subjects. From Baltimore he removed to Philadelphia, and there was appointed Professor of the Theory and Practice of Physic in the Jefferson College. Having lectured here some time, he received an appointment to the same professorship in the Medical Department of the University of New York. He accepted it, and had lectured in New York, I think, two sessions, and there has lately died.

It will be seen that Dr. Revere's professional life was very much occupied in lecturing, and in its preparation. To this he at length almost exclusively devoted himself. He passed a part of his summers here in the society of his family and friends, and returned to his public labors as the time approached for their exercise. He is spoken of as a successful teacher. He studied faithfully his subject, and after strictly philosophical methods, which gave great accuracy to his teachings. The philosophy of Bacon, and its methods, were favorite studies with him, and his lectures, it is said, had their character from the instructions of that great master of thought. An intelligent pupil, who had attended a course in the New York University, and was a late graduate in our own, said to the writer, that he thought Dr. Revere one of the best lecturers he had ever listened to. He said that he always laid out his ground with great care, kept his subject steadily before him, and presented it as a connected whole after a method so severe, and exact, that a student who would give to it his undivided attention could not fail of receiving important instruction. I was glad at his success, and this illustration of it is fresh in my memory.

Dr. Revere was courteous, of very agreeable manners, and a truly amiable man. He was desirous of excellence. He was ambitious of distinction in that to which he devoted himself, and labored to obtain it. He had wide opportunities for that study which might qualify him for public teaching, for he was not interrupted by disturbing professional engagements. His mind was filled with the observations, and the thinking of others. He gave to these his own mind, gave to their study his nights



and his days, and so made them his own. He studied medicine very much, but not exclusively, as public teachers study other sciences; and he taught after their methods. Authority took the place, often, of personal observation, and the Professor was satisfied that with true light, he should not lead others astray.

It is a curious, if not a distinctive fact, amongst us, that our medical public teachers are not always practical men, as the phrase is. They are devoted to teaching as the main business of life, and not unfrequently fill chairs in different schools at the same time, passing from one to another, as one course is closed and another begins. Is it not said somewhere of Boerhaave, that he studied medicine *after* he was made a professor? It is certainly true, that men who have begun as teachers of one branch of medical education, have sometimes passed at once to an entirely opposite one, and have become far, far more distinguished in the last than they were in the first. Cullen began with teaching chemistry, and ended by being one of the most celebrated teachers of the theory and practice of medicine of any age.

I sat down to say what the announcement of the sudden death of an old fellow pupil and an early friend brought to memory, and to feeling. I have said a few words of one who has filled an important place in one of the most responsible situations of human life. He who would truly teach, must be wisely and greatly taught. I was glad that the very latest news I had received concerning Dr. Revere, was of his success as a teacher, and from one who had obviously given faithful attention to his teachings. Forty years and more have passed away since I became acquainted with Dr. Revere, and the impression which remains of his character, and aim in life, is one which it will be pleasant and grateful to me to cherish.

W. C.

*Boston, May 5th, 1847.*

## VISCERAL NEURALGIA.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—I send you the following report of a case which has recently occurred in my practice, and which, on account of the interest it presented to me, I have supposed might be interesting to at least a portion of your readers. The symptoms and appearances noted are just as they presented themselves to me, and were noticed, without much regard to system, in the progress of the treatment.

Mrs. P——, married, aged about 65 years, presented a debilitated and anemic appearance, with a countenance expressive of great anxiety. The patient has been for some weeks subject to paroxysmal pains of a very acute and lancinating character, which came on almost daily in the morning after rising from bed, without any premonitory signs whatever, sometimes ceasing as suddenly as they commenced, and always declining in the course of an hour or two. She has been under the care of a physician of the neighboring town, a practitioner of high standing and

respectability, who has visited and prescribed for her as often as circumstances would allow, but without any material alleviation of the disorder.

An attack of unusual violence, compared with any that had preceded it, was the occasion of my being called in. The pain was described as commencing at or near the epigastrium, and shooting both upwards and downwards, and at length apparently locating itself in the left hypochondriac region. The patient's appetite has been good during the whole course of the disease, owing, probably, to the course of treatment pursued by my predecessor, which, so far as I could learn, had consisted principally of the use of tonic bitters, united with an occasional aloetic laxative. Morphia in small doses had also been administered.

Finding that there was no prospect of an immediate subsidence of the excruciating pain under which the patient was suffering, I administered a powder of morphia and pulv. Doveri, which afforded immediate relief. A blister to the epigastrium was directed, and lin. ammon. to the left hypochondriac region. Powders of morphia to be taken, as circumstances might require, until my next visit. At the next visit, on the succeeding day, found the patient somewhat better; had suffered less from the pain, but still had had an attack of some severity this morning. Blister dressed, as usual, and re-applied lower down. Being satisfied that the disease was purely a "a visceral neuralgia," I directed the following:—R. Ol. terebinth., ʒ ij. ; mucil. acaciæ, ʒ vj. ; aq. menth. pip., ʒ x. M. A tablespoonful to be taken three times a-day. This having been continued for several days, a manifest improvement was to be seen, although the pain was occasionally felt, and the patient continued weak. The exhibition of the sesquioxide of iron was then commenced, in doses of twenty-five grains three times daily. Under this treatment the patient gradually improved, and continued to gain health and strength daily until my visits were discontinued.

It will be seen that the treatment of this case presents nothing novel or original, as the efficacy of the carbonate of iron has long been known and acknowledged by medical writers. But the disease was apparently mastered previous to the exhibition of iron. I am disposed to attribute the cure to the counter-irritation and small doses of oleum terebinthinum.

*South Paris, Me., April, 1847.*

Yours truly,

WM. A. RUST, M.D.

#### CASE OF MONSTROSITY.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—I beg leave to send you the following case, and if you should think it of sufficient interest to give it a place in your Journal, you are at liberty to do so.

On the 7th of August, 1846, I was called to see Mrs. ———, in labor with her fourth child. Within an hour after I arrived at the house, she was delivered of a living male child. The presentation was the most favorable, and the labor comparatively an easy one. The child



was small ; it was not weighed, but I should judge that its weight would, under ordinary circumstances, have been about seven pounds. But the child was born with a deformity such as I never witnessed before. The accompanying figure is a tolerable good representation of this deformity.

It resembles a double-headed monster, one placed above the other. The connecting attachment was about two inches in diameter, and directly over the posterior fontanelle. The exterior covering of this superior head (if I may so call it) seemed to be the integuments of the natural head, reflected off, to form a covering to this second head. About three fourths of the lower part of this deformity was covered with hair, like that on the natural head of the child. I did not take the dimensions of the two heads, but I should judge their different diameters were nearly equal. The neck connecting the two heads was quite short, and when the superior one was pressed to one side, it was with difficulty that a finger could be pressed down to the connecting attachment.



The natural head was somewhat defective in organization. The forehead retracted like that of an idiot. The drawing I send you represents the connection too high up ; it should be immediately over the posterior fontanelle.

Mrs. ——'s health had been poor for many years, and for four or five months previous to her confinement she had labored under what Dunglison calls aphthous stomatitis of the confluent form, and had become, in consequence, very weak and quite emaciated.

I will observe here, also, that after her previous confinement, eleven years ago, she was attacked with thrush, from which she did not recover in several months, and her health had never been good up to the time of the birth of her last child.

D. B. N.

*Homer, Michigan, April 20, 1847.*

#### DISCOVERY OF THE EFFECTS OF ETHER.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—Much is being said to substantiate the claims of different individuals to the discovery of the ether as used in the new way. I think I can

state the facts in a few words to the satisfaction of the readers of the Journal generally—certainly to myself. I shall begin by saying that I called on Dr. Jackson last fall, when this thing first came out, and made inquiries in relation to it. Dr. J. told me, which was probably true, for no motive then existed to dissimulate, that Dr. Morton called on him for the nitrous oxide gas, if he knew of nothing better, to be used while dental operations were being performed. Dr. Jackson told him to use the vapor of ether, as he should prefer it to the gas. Dr. J. of course knew, as well as the profession generally, that the vapor of ether, when inhaled to a certain extent, would produce insensibility. The credit of bringing it before the public, after it was suggested by Dr. J., is due undoubtedly to Dr. M.'s talent of recklessness. The profession had never dared to use ether in this way, until it was shown by Dr. M. that it was comparatively harmless; and the same credit is due to him that should be awarded to another distinguished quack who showed that ether could be taken in teaspoonful doses, not only with impunity but with benefit, when the profession regarded it as a dangerous dose. Reckless quacks have done considerable, in all ages, to advance the science of medicine and surgery. Dr. Jackson did not think of suggesting the use of the ether to members of the profession, and the only probable reason why he suggested it to Dr. Morton was that Dr. M. was fitted by nature with qualities of mind, being reckless and bold, and untrammelled by education, to do that which no member of the profession would have dared do. Intellectual ability and scientific attainments suggested it, recklessness brought it into use. The world owes the discovery to these combined elements of character; and if all were necessary, and it could not have been brought into use without them, they all should have credit. The organist cannot perform without the blower; one superintends the scientific department, the other "raises the wind." What is true in this, is true in most other things, especially is it so with the ether. A.

#### THE DISCOVERY OF ETHEREAL INHALATION.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—Having seen an article, by Edward Warren, in the Medical Journal of the 28th April, which has special reference to myself, with your permission I will answer through the same medium, as briefly as possible.

Mr. Warren, who is a gentleman in the office of Dr. Morton, seems to exult in the possession of a letter with my signature, which he has published. I am much surprised that Dr. Morton, for his own sake, should have permitted that letter to be published, for when *his* letter is read, to which mine was an answer, it places the whole matter in quite a different light. Dr. Morton, in his letter dated 19th October, 1846, gave me to understand that he had made a discovery which would entirely eclipse the one I had made. He says:

“ I have discovered a *preparation*, by inhaling which a person is thrown



into a sound sleep; the time in which persons remain asleep *can be regulated at pleasure*. While in this sleep the severest surgical or dental operations may be performed, the patient not experiencing the slightest pain. I have patented it, and am now sending agents to dispose of the right to use it. I have used this *compound* without a single failure in over one hundred and sixty cases, in extracting teeth. My object in writing you is to know if you would not like to visit New York and the other cities, and dispose of rights.

Respectfully yours,

W. T. G. MORTON."

Now I would ask all who have made use of ether since its first introduction, on perusing the above letter, if they would for a moment imagine the discovery, as above described, to consist in the use of this article ether? On receiving the above letter, I went to Boston to learn the nature of this improvement on my discovery; I there saw Dr. Morton administer his (so called) compound, and the patient, instead of going quietly to sleep, to be aroused at pleasure, as I had been informed would be the case, became exhilarated, succeeded by a stupor, the same as is produced by the inhalation of nitrous oxide gas. While at Dr. Morton's office, three or four other patients inhaled the "compound," two of whom informed me that it was an entire failure. I thought this remarkable after his operating on one hundred and sixty patients "without a single failure." I then inquired about his patent, which the letter stated had been obtained for the compound, and learned, to my surprise, that he had not obtained one, nor even made an application for one; as will be seen by the date of his letter to me, and the date of his application for a patent, the specification bearing date October 27th, 1846, and the date of his letter being 19th October, 1846. Mr. Warren states that I "returned home, determined to have nothing to do with the business." Now is it at all strange, after the above development of facts, that I acted thus? In the first place, what could I do in reference to his patent, for he had got none; and in the next place, after what I had seen, it was evident that this "preparation" was no improvement upon my discovery (with which I had made him acquainted more than eighteen months before), even allowing it to be a "compound." In November, 1844, I made this discovery, and applied it with perfect success, as is proved by affidavits of the very first character. I have also proved that I went to Boston at that time to make my discovery known to the medical faculty, and addressed Dr. Warren's class upon the subject, and endeavored to establish the principle that the nervous system, when wrought up to a certain degree of nervous excitement by any means whatever, would become insensible to pain; then stating that I was using nitrous oxide gas for this purpose, considering it the most harmless. When I first made the discovery, rectified ether was used, as well as nitrous oxide gas. This is clearly proved by affidavit; but I preferred the latter as being more agreeable to inhale, and less liable to do injury.

It is truly astonishing to see with what pertinacity Drs. Jackson and Morton adhere to their pretended priority of discovery, simply because I gave the preference to the nitrous oxide, after having tried both the vapor

and the gas. It has been said that the rectified sulphuric ether vapor acts as a sedative merely, while the nitrous oxide gas only operates as a stimulant. This is a mistake, and no man who has ever made experiments with both the gas and vapor will make such an assertion. When I first administered the nitrous oxide for a surgical operation, I was astonished that the patient did not exert the muscular system, as is generally the case when taken merely for pleasure, and this proved to be the case in subsequent operations. That this is a remarkable phenomenon, is acknowledged by all who have made use of it for this purpose, and it is precisely so with the vapor of ether; both at first stimulate, then, when continued to excess, act as a sedative, producing a stupor. Several gases of this nature are now being used in Europe with perfect success. Does it follow that every one who makes use of a different gas is to be entitled to the credit of this discovery; or is it the one who first proved, by actual experiment, that one of these gases would have this wonderful effect? Every reasonable man will at once say that the *principle*, when fully demonstrated, constitutes the discovery. Both Drs. Jackson and Morton admit that they were fully aware that I had used nitrous oxide for this purpose long before the date they give as the time of their discovery. Suppose A makes the discovery that a certain degree of compression of the limb, with a cloth bandage, will so paralyze the limb that it may be amputated without pain, and he proves this beyond a doubt, presenting his discovery to the world. Soon after, we hear of B, proclaiming that he has made a wonderful discovery, which consists in the use of a leather strap to produce this compression, and he insists that it is nothing like the discovery of A, who uses the cloth bandage. Now these are parallel cases, and if each gas or vapor which may be used for this purpose is a distinct and independent discovery, then allow me to ask, where will it end? I informed Drs. Jackson and Morton of this discovery in November, 1844, both admitting that the idea was entirely new to them. Dr. Jackson particularly seemed inclined to ridicule the whole thing.

Mr. Warren states that my experiment before the medical class in 1844, was a failure, and all pronounced it a "humbug." Now this is perfectly true. The gas bag was removed too soon, and the patient experienced some pain, and I was denounced as an impostor; no one seeming inclined to assist in further experiments. The excitement of this adventure immediately brought on a protracted illness, which compelled me to relinquish my professional business entirely. For this reason, and because I did not wish to incur the responsibility of administering this powerful agent without the co-operation of the medical faculty, my operations have been somewhat limited, but perfectly successful. I had operated on something like fifteen patients with the gas before having the interview with Drs. Jackson and Morton in November, 1844. After relinquishing my professional business in consequence of this illness, Dr. Morton requested me to prepare some of the gas for him. I told him to go to Dr. Jackson, as he was a chemist, and get it. The sequel is already known. In due time we heard of surgical operations being performed at the Hospital, without pain, by means of a secret "*compound*," and Drs. Jack-



son and Morton announced as the discoverers. Ere long my discovery, which I designed should be free to all, is trammelled with a patent.

Mr. Warren speaks of an interview which he had with the Hon. James Dixon. To show him that his memory sometimes proves treacherous, I will here give a copy of a letter which I have just received from Mr. Dixon.

“Hartford, May 5th, 1847.

DEAR SIR,—The communication of Mr. Edward Warren, of Boston, to which you have called my attention, is incorrect in several particulars. Mr. Warren, it seems, misunderstood my conversation with him. The person whom I consulted with, in regard to the use of your discovery, was Dr. Riggs, of Hartford, and not yourself, and I so informed Mr. Warren.

Yours respectfully, JAMES DIXON.”

“*Dr. Horace Wells, Hartford.*”

With the foregoing statement of facts, I close, wishing, in all sincerity, to receive no more credit for this discovery than what in justice I am entitled to.

Respectfully,

*Hartford, May 5, 1847.*

HORACE WELLS.

#### DR. DICK'S ALPHABETICAL NOTICES OF SUBJECTS CONNECTED WITH THE TREATMENT OF DYSPEPSIA.

[Continued from page 272.]

**CATHARTICS** (*subject continued*).—The neutral and other salts, as purgatives, still remain to be noticed. Those principally employed are, the sulphate of magnesia, the sulphate, bi-sulphate, tartrate, and bi-tartrate of potass; the sulphate, potassio-tartrate, phosphate and acetate of soda.

Saline purgatives have been, and still are, often prescribed in cases not suitable for them. Almost the only cases in which they ought to form the principal component of any cathartic draught or mixture, are those of costiveness in plethoric and robust subjects, with some biliary derangement. In such cases, combined with senna or jalap, they act well, and soon remove the fœtor and accumulations of the prima via. In biliary subjects, of the temperament just described, the bi-sulphate, tartrate and bi-tartrate of potass, are peculiarly indicated.

But in subjects of phlegmatic temperament and strumous diathesis; in rheumatic, at least, chronic rheumatic subjects; in those with heart affections, more particularly in those with structural affections of the right cavities of that organ; saline purgatives are always hazardous, often rapidly or suddenly fatal. We have observed cases in which pulmonary tubercles, indolent, and which might have been kept indolent for an indefinite period, have been converted into vomica by a week or two of saline treatment. In many cases of recurrence of rheumatism in persons chronically liable to it, I have traced this to two or three saline draughts. Some of the most alarming cases of subsidence of the heart's action, accompanied with a cyanotic hue of face and extremities, I have seen undoubted reason to refer to the same cause. In other cases, interrupted

pulse, palpitations, and that peculiar oppression which accompanies defective oxygenation of the blood, have been the results.

Even in cases of gout, and that, too, in robust subjects, saline purgatives seem occasionally to have most questionable effects.

Some scrofulous and rheumatic persons are in the habit of frequently using Seidlitz powders and effervescing draughts, and thus ignorantly do themselves injury.

It may be added, that, in general, when, after surgical operations or wounds, we wish union by first intention, saline purgatives are to be interdicted.

In the list of what may be called *dietetic* purgatives, may be enumerated manna, honey, tamarinds, prunes, figs, peaches, grapes and raisins, cooked and uncooked apples and pears, strawberries, gooseberries, *et id genus omne*. To these may be added lettuce, celery, &c. Before quitting the subject of purgatives, we may notice sulphur, which is a very mild evacuant, promoting the mucous secretion of the colon. The quantity of sulphuretted hydrogen gas, however, which it gives rise to in the bowels, sometimes causes a faintness, approaching to syncope, in hysteric and nervous subjects.

*Chlorosis*.—Amenorrhœa and chlorosis are not identical, as some loosely consider them. Nor does the one, by any means, *necessarily* imply the other. They are, indeed, often associated; yet while amenorrhœa may depend on another cause than chlorosis, this latter affection does not involve, as a condition of it, an absolute stoppage of the menses, though it certainly does involve a diminished flow or a change in the quality of that discharge. We have already considered the subject of amenorrhœa (see page 31).

Another relation between chlorosis and amenorrhœa may be noticed. While chlorosis may be, and often is, the cause of amenorrhœa, amenorrhœa, *in ipsa*, probably never is, or can be, the cause of chlorosis. Chlorosis consists in, or is accompanied by, a deficiency in the blood of red globules, and of fibrin. Now a simple amenorrhœa, far from causing or promoting such a deficiency, would have a directly contrary effect.

In chlorosis, the change in the circulating fluid is probably a secondary one, the *fons mali* being pretty plainly in the nervous system. We can say little more about it, than that a certain inertia, of a simply functional kind, seems to occur in the nerves of the stomach, bowels and uterus, accompanied, occasionally, with morbid action in the nerves of the organ first named, as manifested in the pica of chlorotic females.

Many reasons exist for suspecting that chlorosis, usually considered as specially a disease of sex, is often not so, but that the torpor of the uterus is *consecutive* of that of the colon, and is propagated, by sympathy and juxtaposition, from the latter organ to the former. In not a few cases it will be found, after the minutest inquiries, that derangements of the stomach and bowels were long antecedent to any appreciable disorder of the uterus. If so, we are not warranted in assigning to the latter priority in the chain of disease.

May we not plausibly suppose that, in *some* cases at least, the amenor-



rhœa of chlorosis is simply the consequence of a deficiency of the monthly superabundance of blood, which ought normally (so to speak) to occur in every healthy young unimpregnated female; this deficiency being, in its turn, simply due to torpor of the digestive organs, and a consequent defective supply of chyle?

Whatever the nature and origin of chlorosis may be, it is certain that the most successful treatment of it is found to consist of means addressed to the digestive organs, to which, however, is to be added the important means, marriage, which, of course, in cases of chlorosis, plainly originating in the want of this, constitutes the natural and radical cure. But, as I have already observed, chlorosis has sometimes other than a sexual or uterine origin, of which a further proof is, that it occasionally occurs in married women apparently attached to their husbands, and having, seemingly, no grounds to complain on their part of the non-fulfilment of marital duty.

Pills or mixtures, including quinine, aloes, and the preparations of iron; gentian, aloes and iron; myrrh, zinc and absinthium; canella, cardamoms, cloves, ginger, horse-radish; ergot of rye, savine, cantharides, rue, phosphorus; wine, walking, riding, dancing; scenes of gaiety and excitement—are some, among the various means, which we must put in force.

*Chorea*.—This is a singular and obscure affection, consisting of an involuntary action of the spinal motor nerves. In a few cases its *origin* seems to be cerebral and mental, the involuntary action of the motor nerves being at first secondary, though afterwards remaining as a permanent, and as the sole affection. In other cases, it seems attributable to an excitable nervous temperament, co-existing with muscular debility.

It not unfrequently, also, arises from chronic irritations of any kind. Thus the irritation of intestinal worms is occasionally propagated, by the sympathetic nerve, to the spinal cord. Prolonged itchy affections about the anus have also caused it.

Such being its various origins, we may judge that the unvarying and routine treatment of it by purgatives, suggested by Dr. Hamilton of Edinburgh, was irrational and dangerous. It suited, of course, only those cases in which there were intestinal worms or irritating fecal accumulations, or torpid bowels, but was injudicious and injurious in the cases of feeble, ill-fed, cachectic, and susceptible subjects. In those cases, not uncommon, in which chorea is caused by, or connected with, sexual excitement, the practitioner must, of course, suggest marriage. Failing this, exercise, restrained diet and purgatives, may be proposed; but while these, even at the best, are inadequate and unsuitable means, they may, if pushed so as to obtain the end in view, cause greater evils than they remove or prevent.

In chorea, there is generally more or less derangement of appetite and digestion, more or less irregularity in the action of the bowels. Even in cases in which there is no suspicion of worms in the intestines, we have great faith in the use, in draught and enema, of the oil of turpentine. Friction with the same over the abdomen and lumbar spine will be found very useful.

A conjunction of metallic tonics and bitter vegetable extracts, tonic and purgative, should be steadily tried. Seldom, except in chorea, traceable to want of sexual intercourse, should purgatives be employed apart from tonics. We place much reliance in the use of nitrate of silver, combined with nux vomica, and continued for several weeks, purgatives being used or not, according to indication.

*Chyle, Chyme.*—These, both alphabetically and physiologically, may be considered in connection. We purpose not to enter here (having, to some extent, done so elsewhere) into any elaborate chemical disquisition respecting them. It may, in general, be observed, that they are the primary, and therefore the fundamental, and most important, processes of the animal organism. Through them are elaborated those fluids and tissues, to whose wondrous combinations, as the condition of such combinations, life is attached.

It is an observation of Plato, who paid no small attention to medicine, that “an error in the first decoction is never cured in the second.” The precise meaning of these words, as understood by him who used them, it is needless to inquire, but it must be admitted, that the remark applies essentially to the relations of the chyme and chyle, it being obvious that the normal constitution of the latter must be principally or wholly dependent on that of the former.

According to the most recent and authentic researches, chyme is a complex fluid. It most probably contains, in *partial* and *only* partial union, with the dietetic ingesta, the various principles forming the gastric juice, such as hydrochloric, lactic, acetic, carbonic, and, it may be, oxalic and butyric acid; and, in addition to these, the principle called pepsin. Though pepsin undoubtedly aids in the chymification of food, yet, as it is certain that hydrochloric, and perhaps one or more of the above-named acids also most materially and essentially co-operate, hence the giving of alkaline draughts immediately before meals, or inconsiderately on other occasions, may do evil, by neutralizing the physiological as well as morbid acids. Dr. Prout judiciously recommends that, generally, the dose of antacids should not exceed ten or fifteen grains of the alkaline salts.

## THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, MAY 12, 1847.

*Artificial Limbs.*—Mr. Ferdinand Bardeen, of Providence, R. I., constructs artificial limbs that far surpass anything of the kind heretofore manufactured in this country. It is questionable whether any artisan in Europe has excelled this native genius, and we are therefore happy in doing our part to sound forth his fame, because the unfortunate may be directly benefited by the intelligence. Mr. Bardeen having had his own right leg amputated above the knee, pondered upon a plan of furnishing a substitute for the lost limb. After a succession of trials, he has at last triumphed, by



constructing one that operates in the joints so nearly like nature's mechanism, as to excite the surprise of the spectator. It would be a useless effort to describe the various India rubber muscles, acting antagonistically, to bring about all the requisite motions in walking, sitting and rising, and we shall not therefore attempt doing so, but simply state the fact that Mr. Bardeen walks without a cane or crutch, hardly appearing even to limp in his progression; and when he was explaining the excellencies of his invention over those in general use, the pantaloons being drawn up, it was some little time before we discovered that the illustrations were made on a wooden leg, so admirable was the shape, color, flexion and extension. We can recommend this ingenious workman to those who have suffered as he has, feeling confident that their highest expectations will be realized.

Mr. Bardeen entertains some important views upon the subject of amputation, which commend themselves to the consideration of surgeons. In taking off the leg above the knee, for example, he remarked that it seemed to be the ambition of operators to save as much of the thigh as possible, without any reference to the character of the stump. This he condemns, as a decidedly bad practice, since no stump is so good for adjustment to an artificial limb, as one where the leg is taken off a little below the middle of the thigh. The same holds true in respect to the stump below the knee; it should not be too long. Again, having had an exquisitely sensitive stump, so much so that he cannot bear any weight on the end of the bone, owing to the thinness of the flap over it, and the sharp edge over which the skin is tensely stretched, his experience in this matter also ought to have weight with surgeons, since the turn given in a moment, in the act of excision, may determine the comfort or misery of the patient for life. An instrument is wanted, not unlike a cup, having file teeth on the inside, which, placed against the exposed bone and turned in a bit stock, would reduce the sharp edge, leaving a smooth convexity, like the large end of an egg. Over this, the flap would constitute a perfect cushion, on which the weight of the body might be borne. A necessity for preparing the bone in this manner is so evident, that it is surprising an instrument, thus clearly indicated, has not long ago been added to the surgeon's case. It would be gratifying were Mr. Hunt, the skilful cutler, to bring out the thing here shadowed forth. For the want of this precaution, Mr. Bardeen, as before remarked, cannot press the stump on the softest bed, but sustains his weight on the walls of the thigh, pressed into a conical tube of wood. The effect of this constant pressure, is to diminish considerably the size of the whole mass of the stump.

---

*National Medical Convention.*—On Wednesday last, according to previous arrangements, this body assembled in Philadelphia at an early hour, and organized for the despatch of business. The manner in which the delegates were received by the medical profession of Philadelphia, was exceedingly cordial and gratifying. The Convention held its daily sessions in the elegant hall belonging to the Academy of Natural Sciences, located in Broad street. A series of hospitalities characterized the intercourse of the representatives with the medical gentlemen of Philadelphia, which will not soon be forgotten by the former.

The committee on credentials reported about 300 names of delegates, several of whom were delegated by more than one Society or Institution.

Thirty-eight of these were from the New England States, 14 being from Massachusetts. The State of New York was represented by 85; Pennsylvania, 85; Virginia, 32; Delaware, 13; Maryland, 16; and all the other States a smaller number, excepting Maine, Alabama, Arkansas, Wisconsin, Texas, Iowa and Florida, which were not represented. A committee of one from each State (Dr. O. W. Holmes, of Massachusetts, chairman) nominated the following as officers of the Convention, which were agreed to, viz.: Drs. J. Knight, of Connecticut, President. Alexander H. Stevens, of New York; George B. Wood, of Philadelphia; A. H. Buchanan, of Tennessee; John Harrison, of Louisiana, Vice Presidents. R. D. Arnold, of Georgia; A. Stille, of Philadelphia; F. C. Stewart, of New York, Secretaries.

The committee appointed at the last meeting to consider the subject of instituting a National Medical Association, reported, through Dr. John Watson, of New York, a plan of organization, the preface to which is as follows:

Whereas, the Medical Convention, held in the city of New York, May, 1846, have declared it expedient "for the Medical Profession of the United States to institute a National Medical Association;" and, inasmuch as an institution so conducted as to give frequent, united and emphatic expression to the views and aims of the Medical Profession in this country must at all times have a beneficial influence, and supply more efficient means than have hitherto been available here for cultivating and advancing medical knowledge, for elevating the standard of medical education, for promoting the usefulness, honor, and interests of the medical profession; for enlightening and directing public opinion in regard to the duties, responsibilities and requirements of medical men, for exciting and encouraging emulation and concert of action in the profession, and for facilitating and fostering friendly intercourse between those who are engaged in it—therefore

Be it resolved, in behalf of the Medical Profession of the United States, that the members of the Medical Convention held in Philadelphia in May, 1847, and all others who, in pursuit of the objects above mentioned, are to unite with, or succeed them, constitute a National Medical Association—the institution to be known and distinguished by the name and title of "the American Medical Association." The resolution was agreed to, and the title adopted.

The committee to whom was referred the subject of urging upon the State governments the registration of births, deaths, and marriages, reported, through Dr. J. H. Griseom, of New York, in favor of the plan, with certain resolutions. The subject was referred to a standing committee, to report annually, consisting of Drs. Griseom, of N. Y.; Lee, of N. Y.; Clark, of N. Y.; Emerson, of Philadelphia; Arnold, of Georgia; Russ, of New York; and Lemuel Shattuck, of Boston.

The subject of adopting in all our medical schools, a uniform and elevated standard of requirements for the degree of M.D., was reported upon by Dr. R. W. Haxall, Chairman of the Committee, the report urging judicious reform, and enforcing the necessity of clinical instruction. The resolutions were passed, after an animated debate. Dr. Bell, of Philadelphia, Chairman of the Committee appointed last year to report a code of medical ethics, presented such a code, which was adopted. Dr. Couper, of Delaware, from the committee on preliminary education, reported that the object to which their attention had been directed could be best effected by a uniform standard of primary education for medical students, which shall be of a moderate character, in the first instance too low rather than too high, and yet of such extent as shall insure both the knowledge and mental discipline necessary. The resolutions accompanying the report were passed.

A resolution by Dr. N. S. Davis, of Binghamton, N. Y., that a committee of one from each State represented in the Convention be appointed to investigate the *indigenous medical botany* of our country, and to report at the next annual meeting, was passed. Dr. McNaughton, of Albany, chairman of the committee on the subject of teaching and licensing medical students being in the same hands, reported against such union, and in favor of a separate Board in each State for licensing, whose pay should in no degree depend on the number licensed. Dr. Parrish, of Philadelphia, submitted another report on the same subject, in opposition to a change in the present system, but recommending additional checks in conducting it. Both these reports were subsequently referred to the committee on Medical Education, with instructions to report to the next annual meeting of the American Medical Association. On motion of Dr. Smith, of Boston, it was resolved, That the thanks of this Convention are due to the officers and directors of the various institutions who have politely invited the members to visit them at their own convenience—to the Committee of reception and arrangements, on behalf of the Philadelphia delegation, for the spacious and elegant accommodations provided—to the whole medical profession of the city for the marked kindness, personal attention, and generous hospitality which have characterized their intercourse with this body since the commencement of its deliberations—and to the Academy of Natural Sciences for the use of their room. Dr. Reese, of New York, moved that a portion of the Smithsonian fund be petitioned for, from Congress, for the uses of the Association, which motion was laid on the table. Dr. Stewart, of New York, offered the following:

Resolved, That all unfinished business be referred to the American Medical Association about to be organized.

Resolved, That this Convention do now resolve itself into the "American Medical Association,"



and that the officers of the Convention continue to act as officers of the Association until others are appointed. Agreed to.

On motion, the Chairman appointed a committee consisting of one person from each State represented, to nominate officers of the Association. This Committee subsequently reported the following list, which was unanimously accepted by the Convention.

Dr. Nathaniel Chapman, of Penn., President. Dr. J. Knight, of New Haven; A. H. Stevens, of New York; Dr. Moultrie, of South Carolina; Dr. Buchanan, of Tenn., Vice Presidents. Drs. Stille, of Philadelphia, and Dunbar, of Baltimore, Secretaries. Dr. J. Hays, of Philada., Treasurer.

Dr. Chapman, on taking the Chair, made some feeling remarks. He said he could find no language to express the depth of his gratitude. It had often been his good fortune during his professional life to have been complimented in the same manner, though not in the same degree. He confessed his incompetency to serve the Association. He said he loved his profession, and should be ungrateful if he did not: whatever he possessed in this life, had been bestowed by her favors; when he forgot her, or deserted her and her disciples, he remarked with great emphasis, may Almighty God forget me. He desired that the Association should be persuaded of his ardent wishes for the cause, and that it would always be his great pleasure to advance the dignity of the profession and extend its usefulness.

The Vice Presidents elect then returned their thanks to the Association.

The following are the resolutions in full, as passed, attached to the report respecting requirements for the degree of M.D. :—1st. That it be recommended to all the colleges to extend the period employed in lecturing from four to six months. 2d. That no student shall become a candidate for the degree of M.D. unless he shall have devoted three entire years to the study of medicine, including the time allotted to attendance upon the lectures. 3d. That the candidate shall have attended two full courses of lectures, that he shall be twenty-one years of age, and in all cases shall produce the certificate of his preceptor, to prove when he commenced his studies. 4th. That the certificate of no preceptor shall be received who is avowedly and notoriously an irregular practitioner, whether he shall possess the degree of M.D. or not. 5th. That the several branches of medical education already named in the body of this report, be taught in all the colleges; that not less than one hundred lectures be delivered by each Professor, and that the number of Professors be increased to seven. 6th. That it be required of candidates that they shall have steadily devoted three months to dissections. 7th. That it is incumbent upon preceptors to avail themselves of every opportunity to impart clinical instruction to their pupils; and that Medical Colleges require candidates for graduation to show that they have attended on Hospital practice for one season, whenever it can be accomplished, for the advancement of the same end. 8. That it is incumbent upon all schools and colleges granting Diplomas, fully to carry out the above requisitions. 9th. That it be considered the duty of Preceptors, to advise their students to attend only such institutions as shall rigidly adhere to the recommendations herein contained.

It was also resolved, That it be suggested to the faculties of the various medical institutions to adopt some efficient measure for ascertaining that their students are actually in attendance upon their lectures.

We are indebted to the Public Ledger, of Philadelphia, for reports of the proceedings, from which much of the above has been condensed.

TO CORRESPONDENTS, &c.—Dr. Mattson's reply to Dr. Reese was not received in season for this No.—Two communications, respecting the approaching anniversary of the Massachusetts Medical Society, and complaining of the dinner provided last year for the members, have been received.—An interesting case of obstetrics, in which the letheon was administered, has occurred in this city, a report of which is promised by Dr. Channing.—Dr. Dix's paper in to-day's Journal is a valuable one, as the cure effected is something new in ophthalmology.—Two letters have been received from New York, written by responsible individuals, in which the statement in the Journal of April 28th respecting Dr. Horace Green being expelled from the New York Medical and Surgical Society, is pronounced untrue. We are unacquainted with the facts in the case, and shall wait for further information respecting them.

MARRIED.—In this city, Hervey B. Wilbur, M.D., of Barre, to Miss Harriet Holden, of Boston.—In Ludlow, Vt., Dr. Daniel Jones to Miss Mary A. Barrett.

DIED.—At Rutland, Mass., Charles Safford, M.D., 42.—At Jamestown, N. Y., Dr. Abraham Hazeltine, of Busti, N. Y., 50.—In Marietta, Ohio, Hon. John Cotton, M.D., 86, a lineal descendant of the celebrated divine of that name.—In St. Louis, Dr. Samuel L. Stephenson, 34, formerly of Portland, Me., but late of West Ely, Mo.

Report of Deaths in Boston—for the week ending May 8th, 73.—Males, 33—females, 40. Stillborn, 9. Of consumption, 12—typhus fever, 20—lung fever, 3—scarlet fever, 1—inflammation of the bowels, 2—apoplexy, 1—hooping cough, 1—measles, 2—infantile, 2—old age, 4—dropsy on the brain, 7—marasmus, 5—disease of the heart, 2—dysentery, 1—debility, 1—asthma, 1—disease of the bones, 1—suicide, 1—accidental, 1—cholera infantum, 1—child-bed, 1—croup, 1—convulsions, 1—dropsy on the chest, 1.

Under 5 years, 23—between 5 and 20 years, 7—between 20 and 40 years, 21—between 40 and 60 years, 9—over 60 years, 13.

*Promotions and Appointments in the Medical Corps of the Navy.* *Promotions.*—Passed Assistant Surgeon J. Dickinson Miller, to be surgeon, vice J. C. Spencer, resigned.

The following assistant surgeons were examined by the board now in session at Philadelphia, and found qualified for promotion, viz.: John Hastings, to rank next after passed assistant surgeon Thornley. Richard T. Maxwell, to rank next after passed assistant surgeon Hastings. J. Francis Tuckerman, to rank next after passed assistant surgeon Maxwell. Morris B. Beck, to rank next after passed assistant surgeon Tuckerman. Lewis J. Williams, to rank next after passed assistant surgeon Beck. Richard McSherry, to rank next after passed assistant surgeon Williams.

*Appointments.*—The following candidates were found qualified for admission into the service in 1844, and were commissioned as assistant surgeons on the 5th of March, 1847, viz.: Philip Lansdale, of Maryland; T. Benson De Lany, of Delaware; Alexander J. Rice, of New Hampshire; John B. Pettit, of Ohio; Thomas B. Steele, of Maryland; James F. Harrison, of Virginia; A. Nelson Bell, of Connecticut.

The following candidates were found qualified by the board now in session at Philadelphia, and assigned to rank as assistant surgeons in the following order, viz.: No. 1. William J. Babb, of Pennsylvania. 2. R. J. Farquharson, of Louisiana. 3. Alexander Robinson, Jr., of Virginia. 4. Edward R. Squibb, of Pennsylvania. 5. Samuel G. White, of Georgia. 6. Benjamin Rush Mitchell, of Missouri. 7. James S. Gilliam, of Virginia.

---

*Medical Miscellany.*—The Fall River Railroad Company have paid \$4500 to the heirs of the late Dr. H. D. Hitchcock, who was accidentally killed on that road.—On the 25th November last, twenty-six sheep belonging to Mr. Levi Martin, of Bingham, Me., strayed from his farm and were buried in the snow; they remained so without any food whatever, until the 14th February following, being eighty-two days, when three of the number were found alive, and two have recovered and are doing well.—Dr. C. T. Jackson, of Boston, has been appointed one of the mineralogists of the Lake Superior mining regions.—Dr. Horace Nelson, of Montreal, furnished the Morning Courier of that city, April 13th, with a communication of five solid columns on the use and value of the Letheon, which he regards as one of the greatest discoveries of any age.—Grimstone's Eye Snuff is advertised in the Canada papers, which restores sight and hearing—which will prevent diseases of a scrofulous nature from affecting the nerves of the head—*universally recommended by the faculty!*—Madame Hahnemann, widow of the founder of homœopathy, has been condemned by the Correctional Tribune at Paris to pay a fine of one hundred francs and costs, for illegally practising medicine. She pleaded in defence, that she had received a diploma as doctor of medicine in Pennsylvania.—During the year 1841, there were 1017 deaths at Vera Cruz. The whole population then was 6,500, so that one sixth died in the course of that year.—Recent accounts from Athens, represent the past season to have been unusually sickly in Greece.—Lord Morpeth has introduced a bill in parliament, proposing the establishment of a board in London, for promoting health in towns.—The late William Oliver, of Dorchester, has left one hundred thousand dollars to be equally divided between the institution for the blind at South Boston, and the McLean Asylum for the insane.



THE  
BOSTON MEDICAL AND SURGICAL JOURNAL.

---

VOL. XXXVI.

WEDNESDAY, MAY 19, 1847.

No. 16.

---

THE MEDICAL TOPOGRAPHY OF TEXAS AND THE DISEASES OF  
THE ARMY OF INVASION.

By George Johnson, M.D., late Surgeon in the United States Army.

THE Brazos Santiago Island, Texas, has become a place of much importance since the present war with Mexico commenced. From May last, to the present time, all troops, destined for the "army of occupation and invasion," have been landed at the Brazos, and on account of the difficulties of transportation at the commencement of the war, many of the regiments remained encamped upon the island for several weeks. During the last summer most of the volunteer regiments have been stationed along the banks of the Rio Grande, between Matamoras and the mouth of the river. Much has been said in the newspapers, and elsewhere, of the unhealthfulness of this region, but I have not seen the true causes assigned for the great mortality which has occurred amongst our troops upon the Rio Grande; I will, therefore, at your request, give you a brief sketch of the medical topography of this region, together with some of the causes which have led to this mortality. Hereafter I hope to see this subject discussed by the medical officers of the army, many of whom have had far better opportunities, than fell to my lot, for obtaining correct information on this head, particularly those accomplished surgeons, Drs Wood and Wells, at Point Isabel, and Dr. Wright and his assistants, at the general hospital at Matamoras.

The Brazos Island, it might be inferred from the many statements that have been made, is particularly unhealthy, from its location. This, I think, cannot be the case. Though a dreary and uninteresting sand bar, I believe it to be as healthful as Galveston, or any other spot along the Gulf coast. The island is about four miles in length, and one and a half in breadth. It would be almost level with the Gulf, but for the sand hills which line its southern extremity for half a mile. There are some two or three ponds on the island, called on the maps of the country, fresh-water ponds, though I found them quite salty on trial. These ponds are situated about a mile and a half from the sand hills (the place of encampment of the troops), and to the north. The sea breeze blows almost continually from the south-west, so that no deleterious effects can arise from them. This breeze usually commences about 9, A. M., and continues throughout the night, making

sleep delightful and refreshing. By it the sun's heat is rendered less oppressive, and there was not a day so warm, during our stay upon the Island, which was during the month of June, as to prevent the men of our regiment from perambulating it from end to end on fishing and hunting excursions. Here, too, the men enjoyed the pleasure and benefit of bathing. I have understood that the Mexicans considered the Brazos healthy prior to the arrival of our troops, and I learned from an American woman, a native of North Carolina, who has lived upon the Island for several years, that her family, consisting of six children, had enjoyed excellent health since her residence there. Yet she had occupied, during the whole time, a miserable little shed, only partially covered with ox hides.

The Mexicans who were taken prisoners at Palo Alto and Resaca de la Palma, were employed in the Quartermaster's department, at the Brazos, and though these men were exposed, day after day, to the heat of the sun, in their labors about the shipping, yet I never knew a case of sickness to occur amongst them. The other employees of the Quartermaster's department, such as teamsters, carpenters, &c., also retained their healths whilst the troops, at the same period, were suffering with diarrhœas and dysenteries. I accounted for this circumstance, thus: these teamsters were making daily trips to the mouth of the Rio Grande (nine miles), and they kept their messes well supplied with the excellent water of that river. Besides, they had learned to cook their food properly, and they slept in the dry and comfortable Government storehouses, whilst the troops were lying under tents, upon the wet sand, eating food that was only partially cooked, and drinking the brackish water from the wells that it was almost impossible to retain upon the stomach.

It is known to all military men, and to the profession, that dysenteries and diarrhœas are camp diseases, and are common to every location where troops are encamped for a few weeks. Our regiment was encamped for about a week at Algiers, opposite New Orleans, and it was very rainy weather during the time; in consequence, dysenteric affections became numerous. At the present time, the troops stationed at Santa Fe are suffering severely with these diseases, and it will not be denied that Santa Fe is a healthy town.

The water used by the troops at the Brazos, is obtained by digging small wells in the sand, usually to the depth of two feet. The water obtained from a well recently made was not very unpalatable, being the rain water contained in the upper surface of the sand, but in a short time the salt water from beneath would be mixed with it, thus rendering the well useless, so that new wells were constantly being made, and, as the space occupied by the troops was only about half a mile in extent, and one hundred and fifty yards wide (in rainy and stormy weather all the rest of the Island being covered with water), and as this sand hill ridge has been occupied by troops since the 20th of May last, even as many as three regiments having been stationed here at one time, it can readily be understood how the water of this ridge is affected.



The troops that have, from time to time, sojourned at the Brazos, have been for the most part volunteers, and they have had much more to learn than the drill and discipline. They have been compelled to take a few lessons in the culinary art—particularly so far as related to the cooking of pork and beans—a knowledge of which was not obtained until the pains of colic had been experienced more than once. It would be fair to say that the beans of every volunteer regiment are not half cooked, for, at least, the first month of service. Besides, the young soldier is apt to indulge in every excess. He will lie down on the wet ground without his blanket. The old soldier is more prudent—he may drink a little too much whiskey (if he can get it), but he will not expose himself unnecessarily to the sun's heat at mid-day, in fishing or hunting. Neither will he eat the coarse and unwholesome food that a recruit will swallow with avidity. The old soldiers of our regiment were the only men who would not indulge in eating red fish, oysters and crabs, while on the island. They were influenced, in part, by the example of the Mexicans, who eschew these luxuries during the summer months.

The country between Matamoras and the mouth of the Rio Grande, is low, with lakes every few miles, between which is interspersed the chapparel and prairie—the only elevation being the ridge of Burita, upon which the village is situated, and one nearly parallel with it on the opposite side of the river. These ridges, commencing at Burita, extend up the river about a mile. These elevations have been occupied by troops during the last summer, and I can speak for those encamped upon the ridge of Burita, as having enjoyed a very good share of health. There was a marked improvement in the health of the St. Louis Legion, after they encamped here. Red fish, oysters and crabs, could not now be obtained. Good water was within reach, and the beans were boiling in the camp kettles at an earlier hour than formerly. Here, too, was felt the delightful and invigorating sea-breeze, but sleep was not so sweet as at the Brazos. Centipedes (some of them six inches in length), tarantulas, and other venomous and creeping things, would travel over a man's nose, occasionally, and wake him up before reveille.

Immediately south of Burita, there is a fresh-water lake of considerable size, and about half a mile on the opposite side of the ridge there is a salt lake. Fresh and salt lakes may be seen in close contiguity in this vicinity.

The Mexicans in Matamoras, and those who live at the ranches in the neighborhood, are as healthy a looking people as I ever saw. I visited, during the months of July and August last, many ranches, where I saw children, and I do not remember to have seen one child that had an unhealthy appearance. In many regions of this (Mississippi) valley, during the same months, it would not be surprising to find half the members of every family laboring under remittent and intermittent fevers. The only sick Mexican I saw while in the country (except the wounded in the hospital at Matamoras), was a woman with

intermittent fever, at Brazos Island. I was afterwards informed by an old Frenchman, who had lived for many years on a ranche near Matamoras, that the fever and ague was the only disease that prevailed in the neighborhood, but that the "chills" were not as severe as those he used to have in Louisiana—here the patient got well in a few days, without, perhaps, being obliged to keep the bed.

I have remarked that the Mexicans have, universally, good teeth—an indication, certainly, of good health, and I venture the assertion, that there are as many old people, according to the population, as can be found in any part of the United States. I will further state that in Matamoras I became acquainted with several American merchants who had resided in that city for several years. They informed me that the country was healthy—that they had enjoyed better health in Mexico than in the United States. I therefore believe that the great mortality amongst our troops upon the Rio Grande, during the last summer, was owing to the imprudence of the men—to bad cooking, to a neglect of proper police, in most of the volunteer regiments, and to the necessity which compelled the soldier to lie upon the wet ground during a rainy season.

Most of the cases of diarrhœa were preceded by colic, and could be traced to some imprudence in eating. The most successful mode of treatment I found, was to empty the bowels with castor oil, particularly when there was tenderness or pain over the region of the abdomen, and then to administer large doses of opium, three or four grains, at intervals of four hours, until the bowels were constipated, and, after waiting forty-eight hours, to give a dose of castor oil and laudanum. This was the only plan of treatment that was curative. Hyd. cum creta, Dover's powder, with calomel, &c., were given without success at first. Though the cases of diarrhœa were so numerous, yet we did not lose a man out of our regiment with that disease.

Most of the cases of remittent and intermittent fevers supervened upon diarrhœa. The remittent fevers were of a low form and very obstinate in their character. What retarded recovery, especially in these cases, was a despondent state into which almost every patient sank. After a man had suffered with fever for a week, he either made up his mind to die, or became so dejected that it was almost impossible to persuade him that he would recover, or to rouse his feelings in any way. I saw a few cases of pure nostalgia, and I believe there were many such, during the first six months of service, amongst the young men of the army. The marasmus, after remittent fever, was striking, and convalescence remarkably slow. These patients had the same cadaverous appearance and haggard expression of countenance as is common to children who are laboring under tabes mesenterica. There was also that loose and wrinkled condition of the skin of the abdomen which is common in such cases. Diffusible stimulants were very freely given in these cases, and with the most happy effects.—*St. Louis Med. and Surg. Journal.*



## A CASE OF INHALATION OF ETHER IN INSTRUMENTAL LABOR.

BY W. CHANNING, M.D.

To the Editor of the Boston Medical and Surgical Journal.

DEAR SIR,—I beg leave to offer you the following case for publication. It is indeed but a single instance of the use of ether in midwifery practice; still, such is the importance of that discovery which has abolished pain in so many, and in such a variety of cases—and such the state of opinion, and such the popular and professional interest, in everything bearing usefully on the subject, that I venture to present it in an amount of detail which otherwise might seem unnecessary. To my mind, in the present position of this great discovery, this is the most proper method of communicating such facts.

I look back on the occurrences of this trial of ether with entire satisfaction, and with the deepest pleasure. The ether did just what was looked for from its use. It did it at once, and with no circumstances of embarrassment or difficulty. When its influence was no longer needed, its effects passed quietly away, and left a repose—a continued sense of relief, which, in an equal degree, and like kind, I do not remember to have witnessed before. I shall with pleasure communicate through your Journal the results of such farther trials of ether as circumstances may seem to authorize me to make. And no one should venture upon such trials until he is perfectly satisfied that such circumstances exist. A case came under my observation this day, which impressed upon my mind very strongly the importance of this rule of practice. It was one of unusual severity, and the time of suffering was long. Still there were circumstances in the previous history of my patient, and in her actual condition, which deterred me from taking ether with me. Such, however, at length, was the urgency, I may say violence, of demand for relief, on any terms, and for the use of ether especially, that I sent for it. I felt that the moral conviction, always so powerful in labor, that relief would be obtained from this agent, might revive hope, and give encouragement, where a most depressing despair existed, and that thus the labor might be naturally terminated. Whether my reasoning were correct or not, I can say, that almost immediately after the messenger was despatched, efficient uterine contractions came on, which speedily, and safely, accomplished delivery.

I remain very truly yours,

*Boston, May 11, 1847.*

W. C.

Mrs. H., aged 23, was taken in labor, for the first time, May 5th, at 12 o'clock at night. I saw her between 9 and 10, of the morning of the 7th, in consultation with her medical attendant, Dr. W. E. Townsend. His pupil, Mr. Jerome Dwelley, was present, and who also from the beginning had faithfully attended to the case. The pains had been frequent and very severe. Some diminution of suffering had followed the exhibition of an opiate, which had been given before I saw the patient. Patient was well purged with castor oil day before labor. I found, on examination, the head fairly in the pelvis, where, I was told, it had been

many hours. There was no *show*. The vagina was swollen, rough, hot, especially about the urethra, or anterior part of the pelvis. The os uteri was somewhat dilated, but less in its anterior portion than elsewhere, though in no part of its circumference had it cleared the head. It was swollen, smooth, hard, undilatable. It gave just that feel which so strongly intimates that the labor will be protracted, and accompanied by much suffering. The scalp was much swollen, and protruded as a tumor of a conical shape through the firm ring formed by the undilated and undilatable os uteri.

Mrs. H. was comparatively easy, from the opiate apparently. Her pulse was natural. Her strength was not much exhausted. Her stomach bore food well. There was no cerebral trouble, and the bladder had been duly emptied by the catheter. Under these circumstances I suggested delay; and it was agreed to wait to observe the changes which might occur in the present rest, and on the recurrence of pains. I saw her again at noon. Belladonna ointment was recommended, as no important change had occurred in the state of the os uteri. I was called to see her at about 6, P. M., about forty-two hours since labor began. I learned, on reaching the address, that the ointment had been used, and a solution of tartarized antimony exhibited, and that some change had occurred in the os uteri, namely, that it was more dilatable. Her pulse was now 120 in the minute. It was less strong than at noon. She could speak only in a whisper, and with great difficulty even so. She complained of great distress and most earnestly entreated to be relieved of her terrible suffering. On examination I found the os uteri somewhat more dilatable, and it was agreed that the forceps should be used.

Dr. Townsend called on me to make the visit just related. I said to him, in my study, that this seemed a very fair case for the use of ether. He agreed with me in this opinion, and added that he had a quantity of pure ether at home, and a sponge of suitable size for its inhalation, and that he would meet me at his patient's house. We soon met there, and I proceeded to apply the forceps. I selected Davis's solid forceps, because they are narrow, thin, and very easily introduced, and seemed less likely to injure the os uteri than a broader and a thicker instrument. The application was perfectly easy, and I made an extracting effort, which was attended with very severe pain. Mrs. H. soon became quiet, and I desired Dr. T. to apply the sponge, saturated with ether, to the mouth and nose. This he did, and in about a minute she was under the full influence of the ether. The first inspiration produced a slight cough, as if the larynx had been irritated. It was like the sound by which an effort to remove some irritating matter from the air-passages is commonly accompanied. The next noticeable effect, and which was quite an early one, was a sudden movement of the body, such as is made sometimes when one is falling asleep, and has consciousness enough to know this, and to rouse the will into sufficient action to prevent it. It was involuntary, still it did not convey the idea of being spasmodic, in any morbid understanding of the term. She was directed to open her eyes, to answer questions, &c., but gave not the least evidence of consciousness of anything said. I now proceeded to extract. The os uteri at once came



down again, and much embarrassed the operation, so that I desired Mr. Dwelley to pass his fingers between the shoulders of the forceps and the symphysis pubis, and gently press the protruding os uteri upwards. He did so, and thus removed that part from the chance of injury. The extraction was continued at intervals. Not the smallest complaint was made. The womb was roused to action, and strong expulsatory efforts were made. The head advanced, and everything promised well. But at length the head became again firmly fixed, and this to a degree which prevented its being moved by any such force as I believed it safe to employ. I removed the forceps. The effects of the ether passed off, but as soon as consciousness returned, most earnest demands were made for more. "Put it to my mouth—I shall faint—you must"; in short, all forms of entreaty were made use of to obtain the entire relief that the ether had produced. She had at first refused to employ it. The ether had been now used up, and a short delay took place while a further supply was sent for. I perforated the cranium, fixed the hook, and made some extracting effort. Again was complaint made of the suffering which was immediately produced by the traction. The repose had been entire since consciousness had returned. She thought she was delivered. Said that she had *sense*, knew that she was alive, after the sponge was put to her mouth, but that she had no *feeling* after, and knew not what had happened. She had passed the time in most entire freedom from all pain. She said that there had been light before her eyes, and buzzing in her ears, and that she had been in another world. The aphonia had entirely disappeared, and her voice was natural. The ether was again applied to the mouth and nose, and when it was ascertained that its full effects were present, extracting effort was made by the hook. Again did the womb act, and the head advanced. Its progress was very slow. Much effort was demanded to bring the head along. The ether was used several times before the labor was over. In fact, she was most of the time inspiring the vapor, largely mixed with atmospheric air, for her pillow and bed-clothes were necessarily kept wet with it, from the mode of using it. There was no accident, or the least untoward circumstance attending the delivery. There was no pain—no complaint—no resistance of the effort used for delivery. The limbs were perfectly flaccid, and it was necessary that they should be kept separate by an assistant, and the whole weight of the upper one was to be supported. She came to herself soon after the child was born, and again expressed her entire ignorance as to everything that had been done. The placenta was separated, and reached the outlet by the unaided efforts of the womb, and no hemorrhage followed. A swathe was applied to the abdomen, and the patient made comfortable in her bed. I left soon after, having ascertained that her pulse was as good as it had been for some hours, and that everything promised well. It was impossible to determine what injury, if any, so long-continued pressure of the head had produced. The bladder had been carefully attended to, and the least possible amount of examination, I was told, had been made during the whole attendance on the case. The child had been dead some hours.

May 8th, 9, A. M.—I learned that soon after I left, the womb expelled from its cavity a large mass of coagula, with a gush of liquid blood. Cold was immediately applied to the abdomen, and the flow ceased. It was not so great as to affect at all her strength, or her pulse. I learned that she had passed an excellent night, and had slept as tranquilly as if under the kindest influence of opium. Her pulse was 108, of good strength and volume—tongue moist, head clear, and her whole state perfectly comfortable. We were particularly struck with these facts, in the distinct recollection of the long-continued suffering which a short time before had been endured. She had passed no water. The catheter was introduced with great ease, but got clogged with blood in its passage, so as to draw very little, if any urine. Mrs. H. said soon after that she felt a strong inclination to pass water, and in making an effort to do so there was expelled from the vagina a firm coagulum, and immediately after the urine followed voluntarily, and with perfect relief. Directions were given that the greatest quiet should be preserved, and sleep encouraged. Liquid farinaceous diet was ordered.

9th, A. M., 9 o'clock.—Mrs. H. slept most of yesterday, and less well last night. That is, was awake, but comfortable first part of night, slept latter part. Pulse now 104. Skin natural. No pain in abdomen, and no tenderness on pressure. Urine natural. Somewhat thirsty. Tongue slightly dry. No appearance of milk.

10th, 10, A. M.—Patient very comfortable. Pulse 108. Skin warm. Breasts distended and painful. Abdomen soft. Two dejections from 3 ij. ol. ric., and as much lemon juice. In all respects doing well.

*Remarks.*—The ether was applied by a sponge. It was very easily applied. The effect was produced very soon, in about a minute, say after about fourteen respirations, and when consciousness was returning, one or two respirations were enough to procure insensibility. The room, or the atmosphere about the patient, was saturated with ether. Was there not danger of explosion had a candle or lamp been brought into this atmosphere? I have heard of experiments which were designed to prove that this fear is groundless. I have not seen them, and should be unwilling to act in accordance with them. In the knowledge that equal parts of the vapor of ether and atmospheric air, produce a compound as explosive as hydrogen and oxygen, he who uses ether at night should be most cautious to keep a lighted candle or lamp at a distance from the patient. As our midwifery arrangements so frequently occur at night, this may sometimes be an inconvenience. We cannot examine the pulse or the countenance during the use of ether, which it is very desirable to do. But we had better lose such opportunity, than incur the least risk of the explosion of the gas.

Cases are reported of instrumental labor in a Paris hospital under the use of ether, which were fatal by the supervention of puerperal fever. But this result will hardly be ascribed to the ether used, or be made an objection to its use elsewhere, as puerperal fever existed at the time in the hospital, and everybody who knows anything of the disease, must be aware how readily it extends itself from patient to patient, especially in



hospitals. It is said that this is especially true of the hospitals in Paris. I have not in memory a case of instrumental labor of so much severity as this above reported, from which recovery was so rapid, or so complete, and in which suffering was so slight. I do not recollect that a complaint was made of any suffering, from the time of the inhalation to the day on which I made my last visit.

Not only in Paris, but in Edinburgh also, has this method been tried in labor. To no one is the profession more indebted than to Dr. Simpson, Professor in the Edinburgh University, on this behalf. I quote from Forbes's Medical Review, the latest No., the leading authority in medical literature in Europe, the following on the subject. I do it for the facts to which it refers, and especially for the caution with which the information is accompanied. From the same Review I make an extract which represents the opinion of Dubois, with an important remark from the reviewer.

"In a communication which we have received from Edinburgh, dated the 22d of March, Dr. Simpson states that he had, up to that date, used etherization some forty or fifty times, with the most perfect safety and success. We understand that he has kept it up *for hours*—in one woman four, in another six hours—without the fetal heart varying above ten or twelve beats during the whole time, the mother in both cases recovering perfectly, and both, of course, astonished at being delivered without being aware of it. We believe that Dr. Simpson, in making these statements, still inculcates caution in the use of the new means; justly regarding all his own trials hitherto, bold as they are, as merely experimental, and as only first fruits which, however delightful and promising, may not be the positive harbingers of an abundant and a wholesome harvest." P. 568.—*The British and Foreign Medical Review*, edited by John Forbes, M.D., F.R.S., &c. &c., No. 46, April, 1846.

"M. Dubois's opinion is, on the whole, not in favor of the employment of ether in midwifery, although he admits that he has seen no ill effects that he could, with certainty, attribute to it. He thinks, 'that it should be restrained to a very limited number of cases, the nature of which ulterior experience will better allow us to determine.' He, however, confesses that the result of the cases he has treated in this manner, has lessened the fears with which he originally entered on the trial. We leave the Professor and the Baron—the doughty champions and learned representatives of the obstetrics of Paris and Edinburgh—to fight the battle between them. Time, at least, will ere long determine which of the two is in the right. We are disposed to believe that neither is absolutely so; and that here, as in many other instances of clashing opinions, the truth lies between."—*Ib.*, p. 569.

The action of the womb in the above case, in the absence of all voluntary agency, was very striking. Not only was there natural expulsive effort, which was aiding the manual, but the effort was marked occasionally by its usual audible expression, the *bearing down* which is so well known. I was reminded of this effort during insensibility, by a case of most severe puerperal convulsions, which came under my

notice the day after the above case. The organic effort, in the entire abolition of voluntary power, was most striking. I have known the child born by this organic agency, without the least apparent consciousness of the event on the part of the mother at the time, or memory of it afterwards. In this fact, established by so many, and so varied observations at home and abroad—in this fact of efficient uterine action, produced by a well-known agent, ether, and the use of which has thus far been so safe, and the application and *modus operandi* of which, a wider observation will do more and more to determine—may we not in these facts look with confidence to the time when labor will be accomplished with an ease, a freedom from suffering, quite as great as has hitherto been the pain which has accompanied it, and which has been regarded as its necessary condition?

DR. DAVID MEREDITH REESE.

[Communicated for the Boston Medical and Surgical Journal.]

WE had supposed that our exposures of this individual, which we were compelled to make from to time somewhat reluctantly, had been to him a source of sufficient humiliation, but with a recklessness that would do infinite credit to the "ring" or "cockpit," he seems disposed to invoke at our hands the infliction of still further disgrace. As we intimated in our last communication, it is repugnant to our feelings to hold a controversy with this man, as he evidently has no regard whatever for the truth, but as we are called upon indirectly, to furnish proof of his ignorance as well as duplicity, we hope the readers of this Journal will excuse us for saying anything further upon the subject.

We perceive that our adversary has lashed himself into a perfect fury of excitement; but we trust that he has not done himself any injury, for we are sure that he has done no injury to any one else. Had a "probang and sponge," charged with Dr. Green's strongest solution of the nitrate of silver, been wickedly introduced into his larynx, even down to the "bronchial bifurcation," he need not have exhibited a greater degree of frenzy.

In my last communication, I remarked that my opponent, notwithstanding he pretended to know all about the introduction of medicinal solutions into the larynx, had in truth not only been wholly ignorant of the subject until after the publication of Dr. Green's work, but that he had stated to others, within a year past, that it was utterly impossible to make such application to the laryngeal cavity. He cannot be other than fully conscious of having made such statements, and yet, to conceal his disgrace, this venal scribbler affirms that we have accused him wrongfully, and that such an accusation is an impeachment of his "intelligence and integrity." With regard to the "impeachment," there can be no issue between us, and if he is entitled to the "epithet due to knavery as well as folly," it is no fault of ours. He must not expect to escape by any such a *ruse* as this; for his ignorance must be exposed,



his folly rebuked, and his duplicity exhibited fully to view. Among the gentlemen to whom our adversary stated that the interior of the larynx could not be reached by medicinal solutions, as was proposed by Dr. Green, is the Rev. Harvey Husted, of Stratford, Conn., who, in reply to a letter of inquiry upon the subject, writes substantially as follows, under date of March 6, 1847.

"I cannot, at this time, recollect the precise words which Dr. Reese used in making the impression on my mind, that *it was altogether impossible to apply medicines to the interior of the larynx*, as Dr. Green proposed to do; but that he made the impression unequivocally, I am as confident of as I am of any past event. The conversation was at his office, in the evening. Indeed, Dr. Reese will not deny that he said substantially that Dr. Green did not do what he proposed, but was mistaken. You are at liberty to use the above according to your discretion."

Mr. Husted is an honorable, high-minded gentleman, whose testimony cannot be impeached; and if it were necessary, we could introduce the testimony of similar witnesses, but the game is too worthless for any unnecessary expenditure of powder and shot.

Our opponent says, "The 'encomiums of Professors Mott and Revere' have never been pronounced except in the fictions of M. Mattson, and I have authority to pronounce the use of the former gentleman's name wholly fictitious." If there is any fiction in the case, it is with our adversary, and his fictions are usually of the most unparalleled character. We did not use the names of these distinguished gentlemen, whom we admire for their noble and excellent qualities of heart, as well as their extensive and profound acquirements, without understanding distinctly that they had spoken freely of Dr. Green's practice in their medical lectures, and given him the credit of making an important discovery. Indeed, we have heard it repeatedly stated, that Dr. Revere devoted three entire lectures to the subject, and that he bestowed upon Dr. Green the very highest encomiums. The class before which Drs. Mott and Revere lectured, was very large, and therefore whatever they may have said upon the subject was a matter of common notoriety. Hence, I have no hesitation in saying that my opponent has no authority whatever for using Dr. Mott's name in the manner he has; and that he is recklessly adding falsehood to falsehood, in his unholy and characteristic work of defamation.

My opponent still insists upon it that Trousseau and Belloc's work was published in book form in 1839. This is another of his *peculiar* "fictions," which he manufactures *ad libitum*, to suit his purpose. The work was published in book form by Carey & Hart, and not by Dunglison, and the title-page is dated 1841. Is not this a sufficient proof of the time of publication? Any one curious in the matter is at liberty to examine my copy. Instead of a "*suppressio veri*," therefore, as impudently charged to me, the case involves a "*suggestio falsi*" on the part of my opponent; and as he appears to be particularly fond of scraps of Latin, I would add, for his special edification, "*falsus in uno, falsus in omnibus*."

We learn from our opponent, that after having published his "review"

in the newspaper, he did not give up his name on the *compulsion* of John Doe; and we do not wonder that he should shrug up his shoulders even at the very mention of Mr. Doe. The truth is, unless common rumor does him exceeding injustice, he made some stirring appeals to this same uncongenial Mr. Doe, to "let him off," arguing very forcibly and justly, that to *retract* what he had said in the Commercial Advertiser of the 16th of December, would render him very ridiculous in the estimation of the profession, and truly he was a "prophet in his speech." He did make the retraction, nevertheless, for in the article alluded to, he charges Dr. Green distinctly with "gross plagiarism," and in the retraction, published in the same paper on the 29th of December, he says that this charge was not made against Dr. Green, but against the writer of the article in favor of Dr. Green's book, to which he replied. If this was not creeping through a key hole, then there is no truth in the story of Salem witchcraft.

With regard to the alleged exclusion of Dr. Green from the fellowship of the New York Medical and Surgical Society, it is enough to say that the statement emanates from Dr. Reese. This fact being known, comment is unnecessary; for when a man is convicted of falsehood, very little reliance will be placed upon his word. The charge is spoken of by Dr. Green's friends as utterly false and unfounded.

Our opponent endeavors to sustain himself by quoting from an article contained in the last No. of the American Journal of Medical Sciences, entitled "Green on Bronchitis," which article is written in the same spirit as those which he himself has already published. We think he was unfortunate in this, for the article in question is *anonymous*, and we supposed that Dr. Reese had too great a horror of anonymous productions, ever to give them any further notice. It seems, however, notwithstanding the *anonymous* character of the article, that he had *succeeded* in ascertaining the writer's name, and whether the production in question really belongs to the *genus* of "reviews" which have gone before it, remains yet to be seen. If it was written in a candid spirit, no one has any right to complain, excepting to point out its inaccuracies; but if it was written with a view of injuring and persecuting Dr. Green, then we must look upon it as improper and unjust. Dr. Green evidently has bitter enemies, and to what extent they may go in their efforts to injure him, is yet to be ascertained. We feel assured, however, that he does not need the advocacy of one so humble as ourself; and we would say to the editor of this Journal, as well as to his readers, that we shall have nothing more to say upon the subject of this controversy, unless our opponent is permitted to circulate additional falsehoods through its pages, and in that case we may or may not request the privilege of correcting them. Let us now conclude with Dr. Reese's Latin quotation, "*requiescat in pace*," for truly we have no desire to disturb the *ashes of the dead*.

Boston, May 10, 1847.

M. MATTSON.

P. S.—Since the above was written, I have received the New York Medical and Surgical Reporter, of May 8, containing a long and ably



written article by Dr. Horace Green, explanatory of the proceedings of the New York Medical and Surgical Society in relation to himself, and truly has he been persecuted by a portion of its members with a most unrelenting bitterness, and all for no other reason than because he had originated a new method of treating laryngeal diseases. This Society, it appears, is a sort of social club, having twenty-five or thirty members. Those of them opposed to Dr. Green, ridiculed the idea, for a long time, of making applications to the interior of the larynx, and a distinguished surgeon exhibited anatomical preparations of the larynx, to prove the impossibility of the operation. At length the Society appointed a committee to investigate the matter for themselves, and calling upon Dr. Green, they saw the sponge of the instrument enter the interior of the larynx. Notwithstanding the announcement of this fact would have relieved Dr. Green of the odium which the profession were heaping upon him, the committee *withheld* their report for *eleven months*. At length, without being able to establish against Dr. Green a single charge of unprofessional conduct, the Society, or rather that portion of it opposed to Dr. G., passed a resolution requesting him, on the ground of personal dislike, to withdraw, &c. In summing up this matter, Dr. G. says, "It is for the commission of such deeds of wrong, injustice and oppression, as are here recorded, that has compelled me to renounce your Society; and has driven, and will drive from your association every member who regards his own reputation, or the honor and respectability of his profession. And it is in view of the facts herein stated—all of which are susceptible of proof, and would have been established, if the committee had been allowed to do its duty, and had not been suppressed by your star-chamber proceedings—that I charge upon members of your Society, of having banded together for evil; and of having united their influence with convicted libellers, and hireling defamers, to destroy the professional character and reputation of one of their associates, against whom, with all their covert inquiries, and self-appointed committees of investigation, they have not, and cannot sustain the shadow of a charge of unprofessional conduct."

In consequence of the proceedings of the Society, several of the members sent in their resignation. These are, Drs. John O. Stone, S. Conant Foster, F. Campbell Stewart, John H. Griscom, J. P. Garrish.

Dr. Foster, in his letter of resignation, says, "Dr. Green stood before the Society accused of no offence. And yet a resolution was offered requesting him to withdraw. It was openly avowed that personal dislike was to be the ground of this action. Personal animosity, then, was to take the place of justice.\*\*\*\*The provision of the constitution was trampled under foot. The common courtesies of gentlemen were set aside."

Dr. Stone, in his letter of resignation, says, "The odium of this shameful act has been assumed by the majority of the members of the Society, and will, as it ought, be attached to them alone. Not having been an accomplice in the wrong, I am unwilling to seem to sanction it, by continuing to be a member any longer."

We may remark, not inappropriately, that the comparison of Dr. Green with the illustrious Jenner, which was made in the Commercial

Advertiser, in a commendatory notice of his book, was true at least so far as *persecution* is concerned. By the way, the communication referred to, which has called forth such a war of words, was written by the distinguished Dr. Ruschenberger, of the U. S. Navy, whom Dr. Green says he did not know till many weeks after the publication of the article. The implied charge of collusion, therefore, between Dr. Green and this distinguished gentleman, does not require refutation. M. M.

#### ETHEREAL INHALATION—DR. WELLS'S CLAIMS AS DISCOVERER.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—I beg to be indulged with a very brief space in your Journal, in order that I may say a word on the communication in your last No. by Dr. Horace Wells. It is not my intention to inflict a long controversy upon your readers—particularly as Dr. Wells's claims must seem to them too absurd to require any considerable attention.

In a note, published in the Boston Morning Post some time since, Dr. Wells pronounces my statements "gross misrepresentations of the truth," while in the communication above referred to he admits, in detail, their *entire correctness*—with a single exception, and that only as to a name, but not as to the facts reported. I understood Mr. Dixon to say that Dr. Wells had made certain statements to him, while he says they were made by Dr. Riggs, also of Hartford. We were speaking of Dr. W., there was much confusion in the Lobby of the House, and hence the misunderstanding.

Dr. Wells lays much stress upon an interview, in 1844, with Drs. Morton and Jackson, during which he pretends to have made certain suggestions, which led to the present discovery. In answer to this I will quote a passage from a letter of Dr. Jackson's, now before me, and which I received from Dr. J. while at Washington last January. He says (and I submit it for what it is worth), "I wish you to state in my behalf to Mr. Dixon, that Mr. Wells never said a word to me about the use of sulphuric or other ether vapor, nor ever mentioned the word ether in my presence."

It is known that, while in Paris the past winter, Dr. Wells made a communication to the *Academie des Sciences*, claiming priority of discovery in using sulphuric ether in surgery, although, at the same time, he states he had used nitrous oxide gas, which he still prefers. To show how these claims were received by the *Academie*, I have translated the account of their proceedings thereon, which I beg leave to submit, and with which I will close.

"*Academie des Sciences*—Sitting of Feb. 23d. Dr. Wells (of Hartford, Ct., U. States) addressed a communication to the *Academie* claiming the priority of the discovery of ether vapor and its application to practical surgery. He had, he said, communicated to Drs. Jackson and Morton his experiments and their results, who have since that time appropriated his idea. In conclusion, he says that it is no longer ether, but



the protoxide of azote (exhilarating gas) which he employs to prevent pain. M. Orfila does not believe that this gas *can be used with impunity*, instead of the vapor of ether; he believes himself warranted in concluding, in fine, from the numerous experiments made by Vanquelin, by Davy and by himself, *that this is a dangerous gas*. It otherwise appears that there has formerly been some question on this point. M. Geradin remembers that fifteen or eighteen years ago, a letter was addressed to the *Academie* by an English physician *who pretended*, by means of the nitrous oxide gas, *to render patients insensible to pain*. Larrey alone did not repel this communication with incredulity; he promised to make some experiments, which, doubtless, did not succeed, for the subject was not again agitated."

EDWARD WARREN.

Boston, May 14, 1847.

## THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, MAY 19, 1847.

*The late National Convention.*—It was our intention to have devoted a little time, the present week, to a notice of the transactions of the late National Medical Convention, but the press of business has in a measure interfered with the plan, and we must therefore return to the subject not only again, but perhaps frequently.

One measure of the Convention, which proposes that the lecture terms shall be extended to six months in all the medical colleges in the Union, will be hard to digest, although carried triumphantly through the Convention. The fact is, these institutions are independent bodies, with chartered rights which cannot be wrenched from them. They may be induced by the force of public opinion to vary very considerably the present system of lecturing, but cannot be driven or persuaded to continue the annual series of lectures any longer than the judgment of the faculties determines. Students could not be kept together so long without some new and stronger motive than has yet been presented to them. Both professors and pupils, we fear, would loathe the sight of each other before the term was brought to a close. In the fickle climate of New England it is a question whether either party could endure the fatigue of a six months' session, without suffering in health. Again, at least one third, if not more, of the students entering upon the study of medicine, could not procure the means of defraying their personal expenses, six months in succession. But as the ground was thoroughly surveyed by the advocates and opponents of the scheme, we shall neither go over it again, nor present a category of new arguments in opposition to the expressed will of a majority, but frankly state what we believe to be true, viz., that New England will not conform to the proposed measure, and that the institution which first announces the long term system, will droop and die.

✱The meeting of the Convention in Philadelphia was delightful, and our recollections are of a very pleasant kind. At no period in the history of the republic, have so many physicians been together from its different por-

tions. Good must result from the interviews which gentlemen had with each other; and the warm friendships that were commenced on that agreeable occasion, will be promotive of kindness and fraternal feeling. The public doings, also, of the Convention will exert a beneficial influence, although the progress of reform must necessarily be slow and perhaps tedious.

*Institutes of Medicine.*—When notice was given, a week or two since, of the appearance of a very large volume, "*The Institutes of Medicine*," by Martyn Paine, M.D., Professor in the University of New York, it was supposed that by reading it, we should be prepared to speak of its merits or demerits; but grieve to acknowledge that we are still unable to decide in what rank to place it. That Dr. Paine is a learned man, no one would think of denying—and with respect to the virtue of personal industry, he has no competitor on this continent. Yet there is a monotony in some of his most powerful bibliographical efforts, constantly operating against the influence he wishes to exert over the minds of others. Whether this grows out of over-much learning, or a want of tact in the management of a subject, is a problem. He labors under the misfortune of over-doing: in other words, the thread of discourse is drawn out longer and finer than the circumstances of the case require, and therefore, the present race of railroad speed students have neither the courage nor the patience to begin, and certainly not to finish his more elaborate productions. At some period in the future, these continued efforts of a vigorous intellect, either unappreciated or not comprehended in this age, may bud, blossom and bear fruit. It is the fate of some to have lived too soon—and it is possibly true in this instance. Honoring genius, wherever found, and believing that the example set by Dr. Paine, who is indefatigable in the pursuit of truth, is worthy of imitation by all who are engaged in scientific investigations, it would be morally wrong not to acknowledge that in these respects he deserves success as an author, and to hope that he may receive it.

The table of contents presents a great variety of topics, upon which Dr. Paine has exerted, to a great extent, his powerful pen: viz.—vital principles and their properties; the mind; common functions; peculiar functions; vital habit; age, temperament; races of mankind; climate, usages and death. Pathology; therapeutics and blood-letting. These various topics have been treated fully, so that little or nothing more remains to be said upon them, at least in the manner peculiar to Dr. Paine. The further we carry our investigations into the researches of this untiring author, the more obvious it is that his thinking is of no common order. He has grappled with intense vigor a train of great thoughts, but commentators will differ in opinion with respect to the manner in which they are handled, and the utility of researches like those presented in the *Institutes*.

Although the mass of the profession may not readily admit that Dr. P. has analyzed the laws of nature more satisfactorily than those who have preceded him, and although we confess ourselves undecided in regard to the practical value of his work, we are unwilling to leave the subject without expressing a hope that patient and profound scholars—those who love science because its treasures are of inestimable value to mankind—will bestow that care upon it, which the magnitude of its contents demands—not to find fault, but to praise whatever is praiseworthy, and determine the extent of Dr. Paine's claims as an author, and as a public teacher in a great school of medicine.



*Anniversary Dinner of the Massachusetts Medical Society.*—A correspondent, in a communication with a Greek signature, manifests a high degree of gentlemanly dudgeon at the last year's dinner of our State Medical Society. He disliked the apple pies, the ice creams, the lemonade, &c., and then the cooking, generally, was abominable in his estimation. He contrasts this state of things with the neatness of Messrs. Holman & Clark's table, the season before, &c. We were not aware that the defects of which the writer complains were so flagrant. We trust that at the coming anniversary the dishes will suit his palate better. Many a man, in this hard world, is thankful for a crust. Out of the abundance which will probably be furnished on that occasion, we trust our friend may pick out enough to stay his stomach through the day.

Another communication, under the signature of "Moxa," has been received, equally severe in condemnation of last year's dinner, which, as the writer says, "would give the cholera morbus to Pharaoh's lean kine;" also complaining of the "abominable looking books" annually delivered to the members of the Society, and demanding a "reform in the Council."

---

*Wilson's System of Human Anatomy.*—One of the best evidences of the popularity of a book, aside from its intrinsic usefulness, is the repetition of editions. Messrs. Lea & Blanchard have actually brought out the third American edition of Wilson's Anatomy, under the editorial supervision of Paul B. Goddard, M.D., Professor of Anatomy in the Franklin Medical College—containing 233 illustrations by the celebrated Gilbert. A further notice of this excellent work is not required, since its character is established wherever the science of which it treats is publicly taught. Copies are to be had of Ticknor & Co., Washington street.

---

*Lawrence on Diseases of the Eye.*—A new and carefully-prepared edition of *A Treatise on the Diseases of the Eye*, by W. Lawrence, Esq., Surgeon to the Queen, &c., edited, with numerous additions, and 176 illustrations, by Dr. Isaac Hays, of Philadelphia, is another admirable production from the press of Messrs. Lea & Blanchard. Among the additions made to this, are the descriptions of several affections of the eye not spoken of in the original. Also, several chapters on the more important diseases, from more than twenty years' devotion to the subject. The volume contains 858 pages. Having on a former occasion pointed out the essential qualities of this accurate and judiciously-constructed treatise, it is unnecessary to repeat what was then advanced. Ticknor & Co., also, have this, at a reasonable price.

---

*Therapeutic Pocket-book for Homœopathists.*—This is a compact volume, published by Otis Clapp, School street, Boston, which exhibits a prodigious amount of labor on the part of the author as well as translator. The title runs thus: "Bonninghausen's Therapeutic Pocket Book, for Homœopathists; to be used at the bedside of the patient and in the study of the Materia Medica. Edited by A. Howard Okie, M.D." We pretend to know but little about the system of practice pursued by the homœopathists, save what is gathered from their works, and it would be presumption to

praise or condemn the book from opinions founded on them alone. We never have doubted the sincerity of a great many practitioners whom we happen to know engaged in the new school. Some of them are men in earnest pursuit of truth, with an honest desire to manage diseases with success—and although we believe they are following a shadow, it would be morally wrong to suppress this individual view of the motives which actuate them. If a person is to be guided by the wise ones of the order, the minuteness of this Pocket-book must meet their wants and their highest approbation, because there is apparently nothing homœopathic omitted, in the range of their *materia medica*.

---

*Hartford Retreat for the Insane.*—The 23d Annual Report shows that the affairs of this institution are in a prosperous condition. Number of patients at the commencement of the year, 116; added during the year, 111; total 227. Discharged during the year, 109—viz., 56 recovered; 19 much improved; 16 improved; 7 not improved; and 11 died. There are 118 now remaining. The Retreat has been open 23 years, during which time 1671 patients have been admitted. Of these, 902 have recovered, and 651 have been discharged improved, or have died. The per centage of recoveries has been, on the whole number admitted, 54 per cent.; on the discharges, 58 per cent.

---

*Death of Prof. Warner.*—We regret to notice the death of Augustus L. Warner, M.D., of Richmond, formerly Professor of Surgery in the University of Virginia, but for several years past holding the same professorship in the Medical Department of Hampden and Sidney College. He was a man of brilliant talents, one who had laid deep the foundations of medical education, and who had kept pace with the rapid progress of the different departments of medical science; an adroit and skilful operator, an eloquent lecturer and teacher, who always carried with him the enthusiasm of his hearers. His death will be lamented by the community in which he lived, by the profession which has profited by his wisdom and counsel, and by the institution of which he was the friend and ornament.

---

*The late Professor Revere.*—At a numerous meeting of the Alumni and Students of the University of New York, held in the Medical College on Friday, the 30th of April, 1847, for the purpose of expressing the deep sorrow felt by them at the decease of Professor John Revere, M.D., P. A. Aylett, M.D., was called to the Chair, and A. C. Becker, M.D., chosen Secretary. The Chairman appointed a committee, consisting of Drs. Quintard and Becker, and Messrs. Harris and Stanford, to carry into effect the objects of the meeting, and they presented the following resolutions, which were *unanimously* adopted:—

*Whereas*, An all-wise Providence has removed from among us our late beloved Professor, J. Revere, M.D., who has fallen in the midst of his usefulness, and left a void in the faculty of our Alma Mater, which can never be filled to a more perfect measure,

*Therefore, Resolved*, That in token of our admiration of his talents, esteem for his virtues, and regret at his loss, we wear the usual badge of mourning for the space of thirty days.



*Resolved*, That the committee address a letter of condolence to the family of the late Professor Revere.

*Resolved*, That the proceedings of this meeting be published in the medical journals and the city papers. PH. A. AYLETT, M.D., *Chairman*.

A. C. BECKER, M.D., *Secretary*.

*Death of Dr. Sinkler, one of the Editors of the Southern Journal of Medicine and Pharmacy.*—With feelings of unmingled grief we announce to our readers the death of one of the late editors of this Journal, Dr. Seaman D. Sinkler. Attacked, for the first time, and while in the apparent enjoyment of health, and in the discharge of his professional duties, in November last, with hemorrhage from the lungs; he rapidly fell a victim to that most inexorable of human maladies, phthisis, and expired on the 19th of January, 1847, in the 31st year of his age.

To those who knew him, eulogy from us would be useless. His manly virtues, mental acquirements, professional learning and zeal, caused him to be respected and loved wherever he was known.—After a severe course of study in this city, Philadelphia (at whose University he received his degree of M.D. in 1837) and Paris, Dr. Sinkler commenced the practice of his profession in Charleston in 1840. His career here was marked by unusual success. As a surgeon he had already performed many of the more important operations; as a physician he was kind, attentive, prudent without being timid, and skilful, and his devotion to his profession, in every branch, was unbounded and entire.—*Southern Jour. Med. and Phar.*

*Medical Miscellany.*—Dr. E. D. Payne, of Carroll County, Maryland, succeeded in extracting a pin that stuck fast in the œsophagus of a colored boy, which prevented him from taking either food or drink, and saved the child.—Professor Schonbein is represented to have discovered something that will supersede the letheon.—Messrs. J. C. & D. Hyatt, of New York, have issued a synoptical table of the complete anatomical models prepared by themselves, 449 Broadway.—Total population of the city of Paris, 945,721.—Dr. Darling's lectures on physiology, at Worcester, Mass., are well spoken of by the papers of that town. He has the qualifications—being both fluent in speech and happy in his illustrations.

*TO CORRESPONDENTS.*—Papers have been received from Drs. J. A. Allen, V. P. Coolidge and H. Cook.—Dr. Preston's contemplated article on the use of the Oleum Cajuputi, will be thankfully received.—It is unnecessary to say that we disclaim all sympathy with the tone which a controversy now carried on in the Journal has assumed.

*MARRIED.*—In Boston, Henry J. Bigelow, M.D., to Miss S. Sturgis; Dr. Otis M. Oliver, of New Bedford, to Miss M. W. Tripp.—Dr. Norman K. Johnson, of Hartford, Conn., to Miss S. Porter. Dr. Henry P. Fisher, of Brooklyn, Conn., to Miss A. Harris.

*DIED.*—In Philadelphia, Dr. George McLellan, a distinguished member of the medical profession.—In New Paris, Ohio, Peleg Whittridge, M.D., 51, and Dr. John C. Whittridge, 53, brothers, of typhus fever.—In New Orleans, Charles F. Snowden, M.D., 40.

*Report of Deaths in Boston*—for the week ending May 15th, 60.—Males, 28—females, 32. Stillborn, 7. Of consumption, 12—typhus fever, 11—lung fever, 1—dropsy on the brain, 4—diarrhoea, 2—canker, 3—asthma, 1—measles, 1—old age, 2—croup, 1—inflammation of the bowels, 1—infantile, 4—child-bed, 2—sudden, 1—disease of the bowels, 3—disease of the hip, 1—marasmus, 3—paralysis, 1—inflammation of the lungs, 2—convulsions, 3—brain fever, 1.

Under 5 years, 22—between 5 and 20 years, 6—between 20 and 40 years, 17—between 40 and 60 years, 6—over 60 years, 9.

*The National Medical Convention—Preliminary Education of Medical Students.*—The following are the resolutions which were passed at the recent Convention in Philadelphia, respecting the preparation of medical students for studying with a preceptor and for matriculation at the medical schools.

*Resolved.* That this Convention earnestly recommends to members of the medical profession throughout the United States, to satisfy themselves, either by personal inquiry or the written certificate of competent persons, before receiving young men into their offices as students, that they are of good moral character, and that they have acquired a good English education, a knowledge of Natural Philosophy and the Elementary Mathematical Sciences, including Geometry and Algebra; and such an acquaintance, at least, with the Latin and Greek languages, as will enable them to appreciate the technical language of medicine, and read and write prescriptions.

*Resolved.* That this Convention also recommends to the members of the medical profession of the U. States, when they have satisfied themselves that a young man possesses the qualifications specified in the preceding resolution, to give him a written certificate, stating that fact, and recording also the date of his admission as a medical student, to be carried with him as a warrant for his reception into the medical college in which he may intend to complete his studies.

*Resolved.* That all the medical colleges in the United States be, and they are hereby recommended and requested to require such a certificate of every student of medicine applying for matriculation; and when publishing their annual lists of graduates, to accompany the name of the graduate with the name and residence of his preceptor, the name of the latter being clearly and distinctly presented as certifying to the qualification of preliminary education.

---

*New Instrument for making Extension in Cases of Dislocation of small Joints.* By F. H. HAMILTON, M.D.—I have in my possession an instrument for making extension in cases of dislocation of small joints, which is, I believe, superior to anything which has ever before been invented or used. I scarcely know how to describe it so as to be intelligible, yet it is very simple. It is made by the Indians in this vicinity, and may always be had during the summer, at the Indian Toy Shops at Niagara Falls. The Indians call it a "puzzle," and know no other use for it than to fasten it upon the thumb or finger of some victim, and then pull him about until he begs to be released. The Indians in Maine, I am told, make the same thing also, and for the same purpose. The "puzzle" is an elongated cone of about 6 or 8 inches in length, made of ash splittings and braided; the open end of the cone being about three-fourths of an inch in diameter, and the opposite one terminating in a braided cord. When applied to the finger it is slipped on lightly, forming a cap to the extremity and half the length of the finger, and on being drawn upon, fastens itself upon the member with a most unflinching grasp, and if of proper size, and made of proper material, it becomes the more securely fastened in proportion as the traction is increased; yet applying itself equally to all the surfaces it inflicts the least possible amount of pain and injury upon the limb. When you wish to remove it, you have only to cease pulling, and it drops off spontaneously. In reduction of a dislocated thumb, where ordinary extension fails, it will be found of invaluable service.—*Buffalo Med. Journal.*



## THE

# BOSTON MEDICAL AND SURGICAL JOURNAL.

VOL. XXXVI.

WEDNESDAY, MAY 26, 1847.

No. 17.

### DR. DICK'S ALPHABETICAL NOTICES OF SUBJECTS CONNECTED WITH THE TREATMENT OF DYSPEPSIA.

[Continued from page 304.]

**CINCHONA.**—Tonics may be divided into two sorts—those that are both specific and general, and those that are merely general. The former have also been sometimes termed anti-periodics; the latter, corroborants.

Among tonics uniting specific and general properties, cinchona and its preparations hold the first place. Intermittent fever is the disease in which they are most signally efficacious. They both control the recurrence of the paroxysms, and reduce the tumefaction of the spleen which characterizes this fever.

No satisfactory theory as to what is the *modus operandi* of bark has yet been adduced.

In adynamic or typhoid fever, in gangrenous inflammation, in foul and exhausting suppurations, bark lends us powerful aid.

In strumous cases, it is peculiarly indicated, particularly in the form of the disulphate of quinine. This is perhaps the most convenient of the preparations from cinchona bark, as its dose may be most exactly regulated, while it is of small bulk and easily taken. However, in intermittent fever, and more particularly in typhoid cases, attended with much and urgent adynamia, some prefer, and with reason, a vinous tincture of the bark, or a vinous infusion of the disulphate. In the latter cases, the doses of the bark or of quinine may be very large.

In some cases, quinine occasions severe cephalalgia. We had an opportunity of observing this in a recent instance. A patient subject to strumous ophthalmic catarrh was exposed, in rather peculiar and unexpected circumstances, to a cause leading to a urethral discharge. After the specific nature of this had been evidently got rid of, and the discharge itself apparently cured, the latter constantly re-appeared, causing to the gentleman who was the subject of it much mental and other annoyance and anxiety. At length, suspecting that the discharge was now of a strumo-catarrhal character, substitutive of the conjunctival one, of which he had been longer than usually free, I ordered (after a considerable variety of other treatment, both local and general) quinine in large doses, which certainly greatly mitigated, though it did not at first entirely check, the urethral discharge. But repeatedly, during its employment, the most

alarming cephalalgia supervened, requiring the quinine to be laid aside for the time, and when resumed, to be taken in very diminished doses.

The union of morphia in intermittent fever is often useful.

In South America calomel is sometimes joined with quinine in the treatment of intermittents, thus:—

Calomel, eight grains; disulphate of quinine, twenty-four grains. To be divided into eight pills, two to be taken every half-hour during the intermission.

In dyspeptic cases of simple atony of the stomach and bowels—that is, in which the tongue and fauces are neither furred nor red, but clean and exsanguine, in which there are want of appetite, flatulence, torpid bowels, moderate pulse, and a tendency to chilliness—quinine alone, or combined with aloes, ginger or cloves, will be found useful.

When, again, there is a foul tongue, with either costiveness, or with faecal evacuations, crude and wanting in due color and consistency, and accompanied with cachexia and debility, a pill, containing two grains of quinine, two of the blue-pill mass, and one of myrrh, and taken before breakfast and before dinner, will often do well.

In some cases of irritable stomach, unaccompanied with signs of hyper-vascularity of the mucous membrane of the tongue and fauces, the conjunction of extract of hop, lettuce or hyoscyamus with the quinine, ensures for the latter a quiet reception in the stomach and duodenum.

In all those cases, too, of gastrodynia or cardialgia, unattended with erythema, or vascular turgescence of the mucous membrane, quinine, united with iron, zinc, sulphate of copper, or nitrate of silver, is indicated, the extracts of hop, lettuce, hyoscyamus, conium, and even the hydrochlorate of morphia, being given in conjunction. Many neuralgic affections, both deep-seated and peripheric, are to be treated by the same means.

*Citric Acid.*—When a course of acids is indicated, citric acid may be ordered. However, we prefer, in general, sulphuric or hydrochloric, as acting with greater certainty and effect. In scorbutic cases, and in those supposed to consist in, or to be accompanied by, a want of plasticity in the blood; in defective appetite; in languid action of the liver; in yellowness of tongue and conjunctivæ; in fœtor of breath and evacuations, the use of nitric acid is indicated.

*Citrus aurantium and C. medica.*—The orange and the lemon. These are indicated dietetically in the same cases in which the subject of the immediately foregoing notice is indicated medicinally.

*Claret.*—The use of this wine is appropriate in cases referred to in the two preceding notices. However, in cases of chronic gout, and in some cases of rheumatic disposition, its use is questionable. In preternatural acidity of the urine, also of chronic duration, and accompanied with dysuria and lumbar uneasiness, claret and acidulous wines, and aliment generally, are to be abstained from.

*Coffee.*—Taken in moderately strong decoction or infusion, and of moderate temperature, coffee is an unexceptionable beverage for the majority of persons. It exhilarates and invigorates without hurtfully stimu-



lating. It has a peculiar effect on the cerebral organs, promoting, in a more remarkable degree than, perhaps, any other drink, the normal action of the intellectual and imaginative faculties. Hence, to the use of pure and strong infusions of coffee some ascribe the lively and imaginative character of the Arabs. And it is certain that Voltaire, and other intellectual men of his time, regarded coffee as a beverage which peculiarly both quickened and recruited reason and imagination.

In cases, however, of chronic disease, in the treatment of which every circumstance, whether *lædens vel juvans*, is to be taken into account, it may become necessary to interdict the use of coffee, as of other drink and food, which, in ordinary circumstances, would be indifferent, if not even positively useful. As we have formerly remarked, homœopathic practitioners, whose system necessarily imposes on them a somewhat nice scrutiny of the effects of diet, have a jealousy of both coffee and tea, and more of the former than of the latter. It undoubtedly unduly quickens the circulation with some persons, produces in others unpleasant thirst and heat; some it constipates; and in some it causes acid eructations. But, as we have observed, it agrees with most persons, if taken in moderate quantity, strength and temperature.

We regard it as an instance of clumsy nomenclature, that the name caffeine should be given to a principle which occurs in coffee, but which is also found in tea. Surely, a name, indicative of its double origin, should have been chosen, and not the above partial and confusing one.

*Colchicum*.—This is a plant of no small importance. In its properties, it is partly diuretic, partly cathartic. It acts very decidedly on the liver, removing torpid states of that organ, and causing yellow or even dark stools to succeed grey or white ones.

In France, colchicum is ranked among diuretics, and undoubtedly it promotes the action of the kidneys, and by facilitating the secretion of uric acid, is proper in cases of gouty or rheumatic diathesis, and obviously controls the paroxysms of arthritis and rheumatism. In what manner does colchicum act on the kidney? Not directly, we apprehend, but indirectly, by promoting the action of the liver. We have elsewhere called attention to a fact of some importance, that often when the liver does not secrete duly, and when, consequently, the stools are pale and scanty, neither does the kidney act sufficiently, the urine being high colored or turbid, and of diminished quantity. In such circumstances, anything that acts on the liver, as, for example, a few grains of calomel or blue pill, causes, very soon after, an improved action of the kidney. We believe it to be in this indirect manner that colchicum acts diuretically.

Its action both on the liver and kidneys is satisfactory. When its diuretic effect is wanted, and that speedily, the acetum colchici is to be preferred. When its cholagogue and cathartic effects are more particularly desired, the extract, wine or tincture is to be selected. These, more particularly the first of them, should rarely or never be given alone, and uncombined with some other more safe and certain purgative, as mercury, aloes, colocynth, scammony. Because colchicum, given by itself, some-

times entirely fails to act either as a renal or alvine evacuant, and being absorbed, operates alarmingly on the nervous system, causing the most marked moral and physical prostration.

In cases of gout in robust subjects, accompanied with much hepatic engorgement, and in whom the tongue and conjunctivæ are yellow, the most efficient combination is of that of the wine, tincture or acetum of colchicum, given in draught, with from two to six drachms of sulphate of magnesia, and two to six grains of nitrate of potass. This may be repeated every three to six hours, until the bowels and kidneys are decidedly acted on. In these cases, the dose of the wine or tincture may be from ten to sixty drops.

In old and worn-out gouty subjects, in whom any tendency to metastasis has manifested itself, and in the subjects of chronic rheumatism, we must be more guarded in the use of the neutral salts; more careful to conjoin with the colchicum cordials, aromatics, and even stimulants. In such subjects, the extracts or tinctures of rhubarb or aloes are the best purgatives to combine with the colchicum. The compound infusion and tincture of senna may also be tried.

Many persons of gouty or rheumatic habit or diathesis, but who have never had a fairly-formed attack of either disease, are subject to innumerable neuralgic affections, of very anomalous and perplexing character. Both patient and practitioner are puzzled, and perhaps alarmed, by them, until either a regular fit of gout, or some rheumatic symptoms, both attended with more or less renal derangement, explain at once, and relieve the preceding obscure and troublesome lesions of sensibility and secretion. A quantity of uric acid is voided, and health is, for the time at least, nearly or wholly restored.

In subjects of this kind, the anomalous nerve-aches referred to may be often removed, and a regular attack of gout or rheumatism prevented (a matter of great importance), by the timely use of colchicum. A little of it should be given nightly, or twice daily, with some ordinary aperient; the neuralgic and other precursory symptoms will subside, and a crisis be averted.

A useful ordinary anti-gout pill (one, we mean, adapted to mitigate an actual paroxysm) consists perhaps of two parts of the extracts of colchicum and colocynth, and a half part of hydrochlorate of morphia; and repeated every hour or two hours, until bowels and kidney are acted on; which occurring, pain subsides.

A solution of any of the preparations of iodine is said to form an antidote to an over-dose of colchicum.

*Cold.*—Cold is a therapeutic of no insignificant value in some forms of gastric irritation and stomachic debility.

Some persons have a sensation of heat and thirst in the mouth and throat, often attended with a feeling of fulness in the stomach and gullet. The tongue and fauces will, on inspection, be seen to be preternaturally red and tumefied; and in a similar condition, no doubt, is the whole mucous membrane of the œsophagus and stomach. The symptoms above named are most visible, and most felt in the morning, when, if a draught of



cold water is taken, the passage of the fluid over the heated surface of the mucous membrane of the throat and stomach is perceived with more than healthy distinctness.

In such cases, a draught, immediately on leaving bed, of from a pint to a quart of cold or even iced water, and this repeated several times during the day, is perhaps the simplest and safest mode of relief. Of course, a mild and simple diet must also be observed.

Again : in persons whose muscles are well developed, and whose faces and hands are florid, and indicate active cutaneous circulation, there is occasionally obvious evidence of languid digestion, such as flatulence, and evacuations unmistakably indicating crude and imperfect chymification.

In such cases, the external application of cold, by affusion or in bath, by determining to the central organs the nervous influence and circulatory fluid, now too largely expended on the periphery, will soon restore activity and energy to the stomach and duodenum.

---

#### PRIORITY OF DISCOVERY OF THE USE OF ETHER VAPOR.

[FROM an elaborate article in the *London Lancet*, entitled "Ether Vapor, its Medical and Surgical Uses," by John Gardner, M.D., author of "Lectures on Organic Chemistry," we copy the following remarks relative to the original discovery of this mode of preventing pain in surgical operations. This is done in order that our readers may know the view which is taken of the matter by a distinguished medical gentleman of London. In Paris, it is understood a somewhat different opinion prevails.]

The first published intimation in the medical journals, in this country, of the power of ether vapor, was that contained in a reference and paragraph in the *Lancet* of December 26th, 1846, and published at length in the communication of Dr. Bigelow, of Boston, and Dr. H. J. Bigelow, of Massachusetts, U. S., transmitted to Dr. Boott, of Gower-street (see *Lancet*, January 2d, 1847), in which it was stated that "the patent bears the name of Dr. Charles T. Jackson, a distinguished chemist, and of Dr. Morton, a skilful dentist, of this city, as inventors, and has been issued to the latter gentleman as proprietor.

It is certainly a matter of no slight interest to trace the history of the discovery—to ascertain the respective merits of the two persons who are willing to share the honor—to learn whether, by a happy accident, by a train of reasoning, or by long-continued and anxious experiments, it was at length arrived at. Moreover, the question will arise, is there any other person claiming the discovery? Have they any grounds for their claims, real or apparent? What aid or assistance did the discoverers derive from sources beyond their own minds?

I am fortunately enabled, by a communication just received from Boston, from the very best authority, to return a very satisfactory answer to some of these questions.

To Dr. W. T. G. Morton, a native of Massachusetts, practising in

Boston as a dentist, is the world *mainly* indebted for this great discovery. The history of the discovery is as follows:—Dr. Morton having received the impression from some source (of which more in the sequel) that a means of obviating the pain of surgical operations was greatly desired by surgeons, and no doubt confirmed in this feeling by his own practice of extracting teeth, commenced, upwards of two years ago, making experiments to attain the object. He tried, it appears, a number of agents, *always first making his experiments upon himself*, often incurring no small danger, *and once during that period with very nearly fatal results.*

Dr. Morton had, whilst a student, attended the lectures on chemistry by Dr. C. T. Jackson, and he communicated to Dr. Jackson the object of his experimental inquiry. The latter, in answer, observed that he had seen in his college days, sulphuric ether, in a highly-concentrated state, produce insensibility, and it might, therefore, answer his purpose. On receiving this hint, Dr. Morton hurried home, and locking himself up in his room, saturated a sponge with highly-concentrated ether, looked at his watch to note the time, and then covering his mouth and nose with the saturated sponge, he inhaled the ether as freely as possible. He soon began to feel approaching insensibility, the sponge fell from his hand, he reclined back in his chair, and entirely lost his consciousness. As he began to recover, he felt a numbness of his limbs, a sensation like nightmare, and he anxiously desired some one to come and rouse him. At length, however, he fully recovered his consciousness, and “looking at his watch, he found, to his inexpressible delight, that he had been insensible *eight minutes.*”

As soon as he was able to leave his room, he was anxious to try the ether on a patient. A stout, healthy man soon presented himself to have a tooth extracted. The ether was inhaled, the tooth extracted, and the patient asserted that he was entirely unconscious of pain. Other operations followed, and Dr. Morton became satisfied of the safety and efficacy of ether vapor. This was in the month of September, 1846.

He now applied himself to the construction of a suitable apparatus with which the ether vapor could be administered; and having attained this object, he waited on Dr. John C. Warren, Surgeon to the Massachusetts General Hospital, Boston. It is important to remark, that Dr. Morton did not at this time inform Dr. Warren in what his means of inducing insensibility to pain consisted.

The subject now became a matter of general interest and conversation. Dr. Bigelow witnessed numerous operations on the teeth, by Dr. Morton, at the house of the latter, and became so satisfied of the safety of the process, that he submitted his own daughter to it, to have a tooth extracted under its influence; and on the 7th of November, Dr. John C. Warren and Dr. Hayward employed the ether in two capital operations. On the 12th Dr. J. Mason Warren removed a tumor from the arm of a young woman, with complete success; and on the 21st, the same gentleman removed a tumor which covered nearly half of the front of the right thigh, in the presence of a numerous body of the profession, amongst whom was present, Dr. Charles T. Jackson; and this was the first



operation upon a patient, under the influence of ether, which that gentleman had witnessed.

This is a most remarkable feature in the history of this discovery. The merit of having suggested the inhalation of ether to Dr. Morton, as an agent promising to supply the object he was seeking, is due to Dr. Charles T. Jackson; nevertheless the latter did not himself witness its application until several weeks had elapsed after Dr. Morton had put it to the test of actual experiment, and succeeded.

---

## INHALATION OF ETHER IN A CASE OF LABORIOUS LABOR.

BY W. CHANNING, M.D.

[Communicated for the Boston Medical and Surgical Journal.]

Mrs. S., aged 23, first labor. Was taken in labor at 12, midnight, May 15th. I saw her in consultation, 16th, about 9, P. M. I learned that her pains had been very severe—that the child advanced well until it entered the bony outlet, and that there it stopped—that vehement pains had continued, but without making any progress in the labor. The pains were now losing power, and appearances of approaching exhaustion was present. The pulse were compressible. The os uteri had not disappeared. The presentation was natural. The occiput was towards the right acetabulum, the forehead towards the opposite sacro-iliac synchondrosis.

After a careful examination of the case, it was agreed that the forceps should be used, and the ether exhibited. The instrument selected was a modification of Hamilton's and Smellie's, less curved than the first named, and rather larger than the last. It was applied with ease. There was tenderness about the inferior commissure of the external organs, and much complaint made of the pressure of the instrument there. Of its presence within the pelvis no complaint was made. The ether was now exhibited, by means of a sponge, as in the case reported in the last Journal. In about a minute, the full effects of the ether became apparent. Consciousness was entirely abolished. Extracting efforts were now made, and the child soon began to descend. The womb acted powerfully. In the first efforts with the instrument, instead of a *bearing-down* effort, an opposite one was made. The lower limbs were straightened out with much force, and the instrument drawn inwards into the pelvis. This was very striking. But a very short re-application of the sponge obviated this difficulty entirely, and the child favorably descended, and no farther organic resistance to delivery occurred. The head was born. The child breathed, and everything promised well. But pains did not occur for some time. As happens not unfrequently after the accomplishment of delivery thus far, after very severe labor, contractions cease as from exhaustion, and the child remains in great peril. Perhaps as many children are lost in this way as from any other accident in delivery. At length, however, an arm was brought down,

the womb acted, and very slowly the child was born. Some time elapsed before the placenta was detached, but this came naturally away. The child was alive, and cried sufficiently. It was a boy, and weighed nine pounds.

Mrs. S. was now asked of her state during labor. She had been directed to make voluntary effort to aid the delivery of the child and placenta, and she had done so. She expressed her entire satisfaction with the effects of the ether. She said how wonderful it was that she should have got through without the least suffering, and how grateful she was. She asked earnestly why the ether had not been used earlier. She said she had called on a friend, naming her—that she had been into Hanover street, called at a shop (a milliner's shop), and there had talked and laughed with the rest, and made a good deal of noise, too. Her manner was perfectly natural. There was much vivacity in it—a freedom from the least idea that what she related had been other than a matter of recent and entire experience, which was exceedingly striking.

May 17th.—Comfortable; good night; pulse 104, of good strength; skin warm; color natural. At the moment of my coming into her room, Mrs. S. was complaining of uneasiness at the lower part of the abdomen. I found that the bladder was distended, and this probably caused the complaint. A successful effort was made to empty it, and relief at once followed. I asked again concerning her state during the labor, while under the power of the ether. She said she remembered nothing from the first inhalation to the moment when the afterbirth was taken away. I told her she had talked, had described her feelings after inhalation, had told us where she had been, &c. &c. Well, she said, she did not know anything about that. She could only repeat what she just said, that she remembered nothing about it, not a word, not a syllable. I asked if she did not recollect that I was there, and used instruments, and endeavored to bring to her remembrance other matters. She said again, and again, she remembered nothing about it. In Mrs. H.'s case, I stated that she said she had *sense*, but not *feeling*—that she knew she was alive, and that people were about her, and assisting her labor, &c., but that she felt nothing—had no pain. And this experience of Mrs. H. corresponds with that of many others who have inhaled ether, and which have been reported. A case is now in my memory of an intelligent woman who had several teeth removed by my advice after inhaling ether. She had no pain, but still knew what the dentist was about.

*Remarks.*—The success of the above case furnishes additional evidence of the beneficial uses of ether in labor. A sponge was again used. It was partially covered by a strong bit of brown paper. This prevented evaporation and waste, and somewhat prevented the diffusion of the vaporized ether in the chamber. Some better material may be substituted for paper. India rubber cloth and oiled silk will not answer since ether dissolves a part of the material which composes them. Perhaps a piece of bladder would answer. About four ounces of ether were used in the above case, not more than a third of the quantity first employed.



Again. I strongly recommend, in instrumental labor, the application of the instrument *before* the ether is inhaled. In this way it will be ascertained, if any, what injury the patient is suffering by its introduction. In general, may I not say always, when the instrument is inapplicable or unskillfully used, some obstruction to its progress is encountered. This produces pain. The patient complains, and the error should be at once corrected, or measures taken for its correction. There will be complaint in many, it may be in all, cases. But there is a difference in that expression of pain which comes merely of the novelty of impression made by the instrument, or that sensitiveness which long-continued suffering produces—there is a difference between this, and that suffering which comes directly of injury, and is so striking, that any one at all acquainted with instrumental labor will at once notice it, and govern himself accordingly. I remember a caution growing out of like chance of doing unnecessary injury in a surgical operation, viz., by including a portion of the bladder in the instrument which seizes the stone in *lithotomy*. It is advised in this operation not to use ether, lest during the state of insensibility, the bladder may be injured. The most dangerous lesion may be done an organ in this state, of which the surgeon may be as unconscious as is the patient. I dwell upon this caution in our midwifery engagements as of serious importance and to which there can be no reasonable objection.

*Boston, May 19th, 1847.*

---

#### SUDDEN AND FATAL CASE OF CONGESTION.

[Communicated for the Boston Medical and Surgical Journal.]

I WAS called, at dark, on Saturday evening, the 24th of April last, to Edward Little, Jr., a recruit in the company of Capt. J. P. Smith, in the 16th Regiment of U. S. Infantry, who had been encamped about one mile from this place, for the last week or ten days. The patient, when first seen by me, was in a state of profound coma, with laborious breathing, and a livid appearance of the head, face and neck. No pulse could be discovered; the extremities, however, on examination, were found to be of good natural warmth. Yet every appearance seemed to indicate, that the patient was fast sinking into a fatal state of congestion of all the vital organs. I at once administered draughts of brandy, ether and warm water, which were taken with much reluctance; as he could only be roused by using the most severe and urgent means, by shaking him by the hair of the head, accompanied by a loud and commanding voice. Hot bricks were soon obtained and placed to the feet and extremities, to sustain the vital warmth and circulation. After the first attention which the emergency of the case seemed to demand, had been administered, on making some inquiries, I was informed that the patient had taken a severe cold paroxysm early in the morning at the camp, and had lain without making much complaint through the day, pretty much in a state of stupor, when, about sunset, he was brought to town. At the time of arriving here, he was so

as to complain of feeling cold, and asked to be put into a room where he could sit by a fire; he was left a short time, while the family were at supper, and on returning they found him, as was supposed, in a swoon, or a state of stupor, when he was laid on the bed. It was at this time and stage of the case that I was called in, as above described. The patient took a little of the stimulant several times for the space of three fourths of an hour, when he became so perfectly comatose that he could not be roused by any means used, so as to be made to swallow. During all this time the stimulant had had no effect to rouse the pulse, as none could be discovered, but the difficulty of breathing seemed somewhat benefited by its influence. I staid by the patient for more than an hour, after he had taken the last dose of stimulant, and finding all means used to arouse him fail, and noticing that the extremities were warm and the whole surface of the body of the natural temperature, and that his breathing appeared to grow more easy, I left him, requesting to be called immediately if anything new took place, or if he in any way grew worse.

Called again at 11 o'clock at night, about one hour after leaving. Found him in great agony from increased difficulty of breathing—apparently great congestion of the lungs. The patient could not take a long breath without a groan or sighing effort. The increasing agony and oppression in the thorax seemed to arouse him from the stupor, so that he would take stimulants readily and with apparent facility. Brandy and water were administered every five or ten minutes, without making any impression, however, as no pulse could be discovered. The agony still increased; he would bite his hands and fingers, if not restrained, and grab at the pillow with savage madness, the difficulty for breath still increasing, until, at fifteen minutes before 12 o'clock, he expired, in about three and a half hours from the time I was first called to him.

*Autopsy*, ten hours after death. On laying open the thorax to examine the condition of the lungs, I was struck with the appearance of an enormous liver, pushing high into the thorax, and completely under the clavicle, the diaphragm, the heart and lungs. The lungs, aorta and all the large bloodvessels in the thorax and the liver were engorged and distended with thick and black blood. Owing to an inconvenient position of the subject, and not having any assistance, the liver was not entirely dissected out, but, to every appearance, both right and left lobes were nearly, if not quite, four times their natural size, and must have weighed from fifteen to twenty pounds. The lungs were not hepatized, nor tuberculated, but appeared to have suffered sympathetic irritation from the enlarged and diseased condition of the liver.

*Remarks.*—I have learned that the patient, for the last ten months, had been constantly subject to chills and ague, that he had enjoyed very poor health, and for the most part of the time had been unable to labor; he had enlisted some four or five weeks since, with the idea that a change to the Mexican climate would benefit or restore his health. From these circumstances and considerations, it is evident that the liver was the primary seat of disease. It had for a long time been insidiously deranged and enlarging. The weather, for the last week or ten days of their



encampment, had been rainy and peculiarly chilly and unhealthy, and he had been noticed, for two or three days preceding, to expectorate a sanious and purulent matter—showing that much irritation had been produced in the bronchial tubes.

This case is peculiarly interesting—showing the subtle and deadly effects of malaria in contaminating the blood; that persons, apparently in ordinary health and strength, may, in a few moments, be so struck down or prostrated by it that all human efforts for their relief become unavailing. It shows, in a most striking and conclusive manner, what I have endeavored to show in my previous numbers on the diseases of the West, that most of our residents are subject to sudden and fatal attacks. It adds another illustration to our argument that the danger of the common people lies in looking at the symptoms, and considering the *ague* harmless, because it is only a chill, when it should be considered as an evidence of seriously diseased action going on within, and that their delay in seeking for a remedy, thinking that the symptoms will wear out, only permits the disease to become so seated, and produce such lesions of the vital organs, before much disturbance or pain is manifested, that all chance of cure is past, before the medical man is called on to prescribe.

This case is also interesting from its singular exception to the general cases of congestion that terminate fatally, in that, the extremities and whole surface of the body maintained their natural standard of temperature almost to the final dissolution, the hands only becoming slightly cold just prior to death.

Had the patient been seen early in the paroxysm, and been so situated as to have been plunged into a warm mustard bath; had severe friction with hot spirit of turpentine, with a liberal and judicious administration of a permanent stimulant, and venesection, then been used, the balance of circulation might have been established, the congested organs relieved of their load of pressure, and, with subsequent judicious treatment, he might have been ultimately restored to health; for no disorganization or death of structure appeared to have taken place, sufficient to have produced death, only in the mechanical way in which it was brought about.

ANDREW STONE, M.D.

*Crown Point, Lake Co., Ia., May 4, 1847.*

#### CASE OF INTERNAL STRANGULATION OF THE ILEUM.

[Communicated for the Boston Medical and Surgical Journal.]

MRS. G., æt. 29, of medium stature; naturally of a delicate constitution; never was in gestation; for several years past has had occasional attacks of vomiting, dizziness, and pain in the abdomen, which were generally relieved in a few hours by mild cathartics and carminatives; habitually costive; was never dyspeptic, but her food produced an uneasy sensation in her bowels.

On Sunday, April 18th, 11 o'clock, P. M., I was called in consultation upon her case. Arriving at the house, I met Dr. Thayer, who had

been called at the same time, and Dr. Plaisted in attendance. I there learned that on Saturday previous she was attacked with similar symptoms as on former occasions; Dr. Plaisted being immediately called, ordered a dose of ol. ricini and an enema of fol. sennæ, mag. sulph. and pulv. jalapæ. The injection produced a slight evacuation. Sunday morn, the symptoms having increased in severity, Dr. P. ordered a dose of calomel, the enema to be repeated, a warm bath, and fomentations with poultices to the feet and abdomen.

I found the patient tossing about the bed, with intense pain in the back and bowels; pain not increased by pressure, nor influenced by position; pulse a little accelerated; skin moist; some thirst; occasional vomiting of the substances taken into the stomach; had had no alvine evacuation for the last twenty-four hours. Prescribed, hyd. chlo. mit.,  $\mathfrak{D}\mathfrak{j}$ .; fomentations to be continued; an enema of soap and warm water, and one sixth of a grain of sulphate of morphia every hour or two, until the pain should be relieved.

Dr. Thayer and myself remained with her most of the time until five o'clock, Monday morning, when we left her, with vomiting unchecked; but coming gradually under the influence of the morphia, which was continued until 9 o'clock, A. M., when she became quiet.

From between 8 and 9 o'clock, Monday, A. M., until 8 P. M., she was under unprofessional treatment, and I did not see her. At 8 o'clock, however, Drs. T., P. and myself were again called. Found her sinking; pulse 165; no evacuation from the bowels; without pain; some distention in the lower part of the abdomen; extremities cool; countenance anxious. Nothing was ordered, believing her case to be hopeless.

Saw her again Tuesday, 4 o'clock, A. M. Was then pulseless at the wrist; extremities cold; countenance Hippocratic. She gradually sunk, and expired between 11 and 12 o'clock, A. M., retaining her mental faculties to the last.

Permission for an examination being granted, I was requested to take charge of it.

*Necropsy*, 29 hours after death. Present, Prof. Loomis, Dr. Thayer, Dr. Boutelle, H. A. Smith, Esq., and a medical student. Abdomen a little distended with flatus; cavity opened by a crucial incision; beneath the integument was a deposit of fat three or four lines thick; the peritoneum contained a small quantity of bloody serum. Bowels, examined in situ, were congested; a portion of the lower part of the ileum was of a very dark color, approaching gangrene; found extensive adhesions in the right hypochondriac and lumbar regions, the bowels being agglutinated and confined to the abdominal parietes, throughout nearly the whole of those divisions, by an organized adventitious deposit. No other unnatural appearances being observed, the viscera were removed for a more careful examination.

The sanguineous vessels of the stomach were injected and arborescent; a small patch in the greater curvature, softened, and of an ash color; the mucous membrane generally, throughout the whole alimentary canal, was erythematous. About three inches from the ilio-cæcal valve,



a portion of the ileum, twenty-eight inches long, was found strangulated by an abnormal band thrown across a convolution of that intestine, so as to strangle it at each end of the coil, originating near the attachment of the ileum to the mesentery, and passing entirely round, with few minor adhesions, to the place of its origin; forming a ring around the neck of the strangulated part. That part of the ring opposite to its attachment, was round like a cord, and about the size of a pack thread, strong and somewhat elastic. The intercepted part was in a state of incipient gangrene, full of fecal matter, and portions of it thickened and indurated. A little above the last, unconnected with other adhesions, was another adventitious band, about an inch long, and three lines wide, lying on the ileum, parallel to the mesenteric attachment and about half an inch from it, under which the thumb could be readily passed. The examination was not carried farther.

V. P. COOLIDGE, M.D.

*Waterville, Me., May 10, 1847.*

---

#### CASE OF NASAL CALCULUS.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—The following case came under my treatment not long since, and being one of rather rare occurrence, I have thought it might not be unworthy a place in your valuable Journal.

Mrs. H., aged 25, of good constitution, had been suffering for the last eighteen months from severe headache. The pain most intense over the frontal sinuses, accompanied by an offensive discharge of a mucopurulent character from the left nostril and throat. The pain in the head had increased to such a degree, as to materially impair her memory, causing at times dimness of sight, particularly of the left eye, giddiness, with loss of appetite, and a disordered state of the digestive organs; in fact, her general health began to be seriously affected, and in this condition she applied for advice.

On examination, the nasal passage, on the left side, appeared to be completely blocked up. I was first led to suppose that the obstruction might be owing to a polypus, or other morbid growth, but on passing in a probe a hard substance was encountered, about two inches from the orifice, feeling to the touch like a portion of bone in a state of necrosis. The septum was forced over to the opposite side, causing the right nasal passage to be somewhat contracted. The left lachrymal duct was obstructed, and pressure made at the inner canthus was followed by a discharge of purulent matter from the puncta. Stillicidium lachrymarum existed, and the conjunctiva of the eye was somewhat injected. The probe being withdrawn, a pair of polypus forceps were then introduced, and with some difficulty I succeeded in grasping and extracting a hard body through the nostrils. Considerable hemorrhage followed, but it was soon checked by the application of cold. The foreign body was of irregular form, rough, about an inch long by half an inch in diameter, hard, brittle, and evidently of a calcareous nature.

The patient was not aware of having introduced anything into the nose, but stated that she first observed some obstruction about eighteen months since.

Inflammation of the mucous membrane of the nose and throat followed, but yielded readily to the antiphlogistic treatment.

In Rankin's Abstract several cases of nasal calculus are recorded, but I am not aware of any that have been published in this country.

Yours respectfully, HENRY COOK.

*Sag Harbor, Long Island, N. Y., May 12, 1847.*

#### CASE OF PERITONEAL PREGNANCY IN A CAT.

[Read before the Boston Society for Medical Observation, May 17, 1847, by Wm. Henry Thayer, M.D.—Communicated for the Boston Medical and Surgical Journal.]

IN the presence of several members of this Society and other gentlemen, assembled at the dissecting room of the Boylston Medical School, on the 14th of this month, a cat was killed by the inhalation of sulphuric ether. She was secured by placing her neck in a wooden stock, with her legs tied. On account of her struggles, she was held by a forcible grasp of the hand around the lumbar region, compressing the abdomen.

The body was opened eleven minutes after death; and there were found floating in the peritoneal cavity three fœtuses with their membranes and placenta, all having lost their liquor amnii, and one having escaped entirely from the membranes. Two were lying unattached upon the intestines; the third was adherent by its placenta to the lower border of the omentum (which was here more vascular than elsewhere), firmly enough to support its own weight. The uterus had, at the superior part, just at the departure of the left horn from the centre, a circular opening three fourths of an inch in diameter, through which projected unruptured membranes enclosing another fœtus. On close examination, this opening was found to be a perpendicular division of the muscular layer of the uterus, through which protruded a fold of the mucous membrane, forming a lip—and this had very much the appearance of a natural opening.

The left horn was strongly contracted throughout, as evinced by deep lines on its exterior surface. The right horn had twice the circumference of the left, was smooth, and evidently contained another ovum. Upon laying open the left horn by an incision from its left extremity to the opening through which projected the ovum, it was found to be lined with a thick, grayish substance—evidently the caduca—covered with small masses of coagulum; and the whole cavity communicated freely with the false opening. The peritoneum had a natural appearance, and nothing abnormal was seen in the abdomen.

From these appearances, it is inferred that rupture of the uterus took place at some previous time, and one ovum escaped and formed an attachment to the omentum, through which it has been supported; that the other two ova found in the cavity of the abdomen had *recently* escaped



by the same aperture—perhaps in consequence of the firm grasp of the loins during the inhalation of ether.

One of the gentlemen present, who had owned the cat from birth, said that she had never kittened.

## THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, MAY 26, 1847.

*Progress of the Sciences.*—A continued press of matter has prevented us from sooner speaking of the admirable report of Dr. Paige, one of the examiners at the Patent Office, to be found in Document No. 52, of the last Congress. He is the strong man of that institution when the sciences are brought forward, and he deserves, on the score of his distinguished attainments in electro-magnetism, a much higher position than has yet been awarded him at Washington. He holds the chair of chemistry, to be sure, in the Columbian College; but the Smithsonian Institute should secure the brilliant powers of a man who is so eminently calculated to give eclat to whatever department he might be assigned.

In the document emanating from the Patent Office, it devolved especially on Dr. Paige to speak of the business that fell particularly under his own eye, in regard to the progress of the sciences since the last annual report. Under the head of Chemistry, therefore, his observations commence, and close in such sensible generalizations, as to increase our confidence in his discretion and good judgment as a public officer. He remarks, at the beginning, that, "It needs not my testimony to prove that Chemistry is at present more rapidly advancing than any other department of human knowledge." He alludes to gun cotton, the ether inhalation, caoutchouc, candle-making, soaps, dyeing hair and wool, the preservation of meats, oleic and stearic acids, sugar from cane, bleaching paper pulp, impregnation of timber, daguerreotype pictures, furnaces for heating buildings, and the principles of construction in stoves,—but these must be passed over, with this brief allusion. A part of the observations, however, on the *allervation of pain during surgical operations*, are reserved for a future occasion.

*Professional Controversy.*—Ever since the appearance of Dr. Green's work on the treatment of certain diseases of the throat, there has been an unusual state of excitement in New York, the echo and tremor of which, have been not very slightly felt in this vicinity. Articles have appeared, *pro* and *con*, in this Journal, by those who seemed to be conversant with the subject under discussion, and a leading effort of the writers appeared to be to establish the date of certain facts in relation to the origin of a novel kind of practice. With no other object for ourselves than the attainment of the truth, and the accommodation of those who manifested a strong desire to discuss the matter, as much room has been given them for the publication of their papers, as was consistent with the relative importance of the subject and the rights and claims of other correspondents. Individually, we have taken but little interest in the controversy, from a supposition that it

was purely a difference of opinion between gentlemen of professional distinction, who were excellent friends, although they might differ on minor points, of but little consequence to any but themselves. More recently, however, the clouds portend a gathering storm:—assertions and contradictions follow each other too rapidly not to be observed, and we are induced more carefully to look around for a cause of this disturbance. In the 18th number of the New York Medical and Surgical Reporter, there is an elaborate communication from Dr. Green, directed to the members of the New York Medical and Surgical Society, in which the whole ground is carefully examined. It appears that at a meeting of the Society, the following resolution was introduced and passed:—"Whereas, Dr. Horace Green has rendered himself disagreeable to a majority of the members of this Society, therefore, *Resolved*, That he be requested to withdraw from the Society." Now if this was a sober act, and a member was actually requested to sever his ties just because he was disagreeable, it is quite a strange procedure. A man might ask a bill of divorce from his wife because she was not handsome, upon an equally reasonable pretext; or another be expelled from church on account of a long nose, a bald head, or any other personal defect that might render him an unpleasant object in ordinary society. Had a charge been specified, we might have had a widely different opinion of the case; but taking the declaration as it stands, that he was merely disagreeable to a majority, it appears extremely ridiculous, and produced, according to the narrative, dissatisfaction in the ranks, the next act in the course of events being the voluntary withdrawal, in consequence, of several members from the association.

Physicians are morally bound to promote the individual happiness and respectability of the great medical family. The only sure method of doing so, is to treat each other with courtesy, even if one happens to entertain thoughts, theories or views at variance with those of others. Medicine is split into such fine threads, in this modern up-turned world, that it is absolutely impossible for a physician, especially a medical author, to please everybody engaged in the same pursuit. But it will not do to let the friction of intellect with intellect interfere with the customary civilities of life. Happily for the race, there is room enough for us all, without being jostled from our path. Courtesy is imperiously required in professional intercourse, to secure peace to individuals, and elevate the standard of medical character. Nothing is more common than for physicians to differ on medical matters, and to express their differences; but a down-right quarrel in this age is unpardonable.

---

*Public Reporters.*—Of the value of a correct report of the doings of a deliberative body, embracing all the shades of debate, resolutions and constantly-varying movements, all persons are aware, who have a particle of interest in such proceedings. During the session of the National Medical Convention at Philadelphia, the reporters were distinguished for their accuracy. Several of the daily papers of that city noted the deliberations, but the Public Ledger won the palm of approbation—for there was scarcely a mistake, except in names. Being present most of the time, we were enabled to estimate the worth of the morning reports. That in the Ledger was so much better than our own notes, that the latter were wholly abandoned, and the minutes thus far introduced into the Journal, of the transactions of the Convention, were copied from that spirited paper.



*Transactions of the College of Physicians, Philadelphia.*—All the published papers, which had accumulated from November, 1841, to August, 1846, and which have generally been referred to by us as they appeared quarterly, have now been united in a volume, which is the first of a uniform series, it is expected, yet to emanate from that learned body. Why does not the Boston Society of Medical Improvement send abroad some of the contents of its archives, before they become illegible by age? It is not unreasonable to suppose that an uncommonly choice collection of articles are held in durance there, which would be hailed with delight by the profession, and would be cheerfully inserted from time to time in our pages.

---

*American Journal of Pharmacy.*—By a note in the April No. it appears that the publishing committee have determined to issue four numbers of the usual size during the current year, and commence the twentieth volume with the first of January, instead of the first of April ensuing. Of the character and utility of this Journal, frequent mention has been made. A kind of knowledge is attainable through its pages, that cannot be acquired so readily from any other source. There is internal evidence of the high reputation of the authors who give opinions in this publication, which is not unfrequently wanting where theories are substituted for realities. Chemistry and pharmacy are departments that can only be upheld by strong minds, devoted to the consideration of facts alone. We have always been desirous that this periodical should be liberally sustained.

---

*Obstetric Medicine.*—Dr. Joseph Warrington of Philadelphia, whose name is honorably associated with obstetric medicine, has issued a circular, inviting practitioners to answer certain interrogatories, in the hope of collecting important statistical facts with a view to improving our knowledge in this branch of medicine. It would assist in elevating the character and usefulness of the profession, if every possible facility should be given Dr. Warrington, in his efforts to collect a certain class of facts, illustrative of the laws of female existence in the United States, under certain conditions and circumstances; and we therefore hope his inquiries may have prompt attention wherever they may be received.

---

*Philadelphia Obstetric Institute.*—From an examination of a pamphlet that gives all needful information in regard to the origin and design of this institution, by Joseph Warrington, M.D., it is evident that the institution cannot be otherwise than useful, and should meet with the encouragement of the profession. Pupils appear to have unusual privileges under Dr. Warrington's guidance. If he is as methodical and exacting as this chart of his doings represents, no school in this country is more deserving the patronage of an enlightened public.

---

*Consumption and its Antidote.*—What are *iatrolectic remedies* in this disease but a hodge-podge invention of an Ohio quack! One Jewett, of the Buck Eye State, has issued a pamphlet at Columbus, containing explicit rules for taking his preparations. One of the essential methods of procedure in curing pulmonary consumption, according to his system, con-

sists in rubbing the soles of the feet with a liniment. Next comes a *fever* plaster between the shoulders. Then follows the most original thing in the world, viz., steaming the lungs. Hear the inventor of this new steaming process, in his own words. "We steam the lungs with the following preparation, viz.: take three ounces lobelia, two ounces dandelion, two ounces pleurisy root, two ounces skunk cabbage, two ounces wild turnip, two ounces may weed bole, half pint tincture of balsam of tolu—put them into a tin teapot with a quart of water, and simmer it with the nose stopped: make a hole in the top of the lid, heat the medicine and inhale the steam through the hole in the lid into the lungs, three times a-day. We have known the most surprising effects from this course," says the author of the pamphlet, which no one can reasonably doubt. The new medical college at Columbus must not be overawed by the numbers in that region who, like those who send forth this extraordinary extinguisher of disease, apparently glory in their ignorance and the gullibility of the people.

---

*Note from Dr. Reese.*—To THE EDITOR. Sir,—The undersigned is constrained by self-respect to withhold any reply to the tirade of filth, falsehood and irrelevance, of a certain M. Mattson, in your last No., whose invective has called forth no other emotion than pity and contempt.

New York, May 22d, 1847.

D. MEREDITH REESE.

---

*Preamble and Declaration of the Castleton Medical College.*—MR. EDITOR,—Be pleased to insert the following preamble and declaration of the Faculty and Corporation of Castleton Medical College, which they have directed to be published in your Journal, and oblige the College.

Yours, &c. E. S. CARR.

*Whereas*, It has been represented from a respectable source that George W. Roberts, of Greene, Chenango Co., N. Y., is in possession of a diploma purporting to confer upon him the degree of Doctor of Medicine, and that it was issued and given by the Officers and Faculty of Castleton Medical College; this is therefore to declare that such degree was not conferred upon said Roberts, neither was said diploma delivered or conveyed to him by the authority of said College, neither do we believe that any officer, servant or employé of the College participated in such wrongful disposal of a diploma.

*Therefore*, if said Roberts be in possession of a diploma purporting as aforesaid, we hereby declare it to be without authority and void.

By order of the Corporation and Faculty of Castleton Medical College.

Castleton, Vt., May 20, 1847.

J. PERKINS, *President*,  
E. S. CARR, *Secretary*.

---

*Medical Appointment in New York.*—We learn from New York, that Dr. D. Meredith Reese has been appointed to the post of Resident Physician at Bellevue Hospital, by the Corporation of that city.

---

*Medical Legislation in Connecticut.*—In the House, May 14th, "Mr. Howard presented the memorial of John G. Corning and others, praying for a law concerning physicians' fees and prescriptions. The memorial



was read. It humbly showed that the healing art had been made too much a mystery for ages, to the injury of morality, and giving great facilities for fraud; and the petitioners prayed that a law might be passed directing that all prescriptions shall be legibly written in the English language, that no apothecary shall deliver any medicines without affixing to the bottle or parcel a label in the English tongue setting forth the contents and mode of mixture, and regulating the fees of physicians. Referred to the committee on patent medicines."

---

*Injections of Nitrate of Silver in Chronic Diarrhœa.*—Dr. Guérard has been in the habit of employing with great success, in the chronic diarrhœas which accompany phthisis or enteritis, and which succeed fever, injections of the following:—Common water, 1 litre (about a quart English), nitrate of silver 50 centigrammes. Previous to adding the salt to the measure of water, it is easier to dissolve it in a small quantity of distilled water. The patient may without the slightest inconvenience retain or discharge the injection that has been administered, the effect of the argentic salt being the same in either case. M. Guérard has had no occasion to deplore unpleasant accidents from its use.—Dr. YANDELL'S *Letters from Paris, in Western Medical and Surgical Journal*.

---

*Medical Miscellany.*—Sixty thousand seamen in the United States are said to have signed the temperance pledge.—Smallpox is making sad work among the Chippewa Indians.—Dr. Channing's biographical sketch of the late Dr. Revere, of New York, which first appeared in this Journal, is stitched in a pamphlet form.—The Massachusetts Medical Society will meet this day at the Masonic Temple in Boston.—Dr. John C. Warren has been elected president of the Boston Society of Natural History.—Typhus fever and dysentery are carrying off vast numbers in Ireland.—Ship fever is creating some uneasiness in the Atlantic cities—introduced by foreign emigrants.—Several cases of smallpox have occurred in Boston within the last four weeks.—Dr. Moorhead, of the Chair of Theory and Practice of Medicine in the Ohio Medical College, has resigned his professorship.—The New Jersey State Lunatic Asylum will be completed the ensuing fall. It is located near Trenton, and is said to be exceedingly well arranged.

---

TO CORRESPONDENTS.—The papers of Drs. G. O. Jarvis, E. H. Dixon, H. N. Matison, W. A. Clendinen of Paris, and "B." have been received.

---

MARRIED.—C. V. H. Morais, M.D., of Munroe, Michigan, to Miss C. Le Conte.—John A. Knowlton, M.D., of Franklin, Ohio, to Miss L. W. Crittenden.

---

DIED.—In Boston, Frederick A. Eddy, M.D., 31.—At Lexington, Mo., Dr. John C. Martin, recently from Ireland.

---

*Report of Deaths in Boston*—for the week ending May 22d. 56.—Males, 29—females, 27. Stillborn, 7. Of consumption, 9—typhus fever, 10—lung fever, 2—infantile, 1—paralysis, 2—hæmorrhage, 1—diarrhœa, 2—erysipelas, 2—apoplexy, 1—inflammation of the bowels, 1—disease of the brain, 1—hooping cough, 4—accidental 1—pleurisy, 1—delirium tremens, 1—scarlet fever, 1—disease of the bowels, 1—old age, 1—marasmus, 4—dropsy, 1—dropsy on the brain, 1—child-bed, 2—cholera infantum, 1—smallpox, 1—convulsions, 1—croup, 1.

Under 5 years, 18—between 5 and 20 years, 8—between 20 and 40 years, 17—between 40 and 60 years, 9—over 60 years, 4.

*Sir Humphrey Davy on the Use of Narcotic Vapors in mitigating Pain.*—In the collected works of Sir Humphrey Davy, published in 1839, occur the following remarks on the effects of narcotic vapors in producing insensibility.

“In one instance, when I had headache from indigestion, it was immediately removed by the effects of a large dose of gas, though it afterwards returned, but with much less violence. In a second instance, a slighter degree of headache was wholly removed by two doses of gas.

“The power of the immediate operation of the gas, in removing intense physical pain, I had a very good opportunity of ascertaining.

“In cutting one of the unlucky teeth, called *dentes sapientiae*, I experienced an extensive inflammation of the gum, accompanied with great pain, which equally destroyed the power of repose and of consistent action.

“On the day when the inflammation was most troublesome, I breathed three large doses of nitrous oxide. The pain always diminished after the first four or five inspirations; the thrilling came on as usual, and uneasiness was for a few minutes swallowed up in pleasure.”

“As nitrous oxide, in its extensive operation, appears capable of destroying physical pain, it may probably be used with advantage during surgical operations, in which no great effusion of blood takes place.”

---

*The Asphyxia of new-born Infants.*—In an essay on artificial respiration for the resuscitation of new-born infants, M. Depaul states that he has—“instituted a series of experiments on the dead subject, with the view of determining the amount of danger of injuring the lungs by the insufflation of air. He satisfied himself that this danger is almost an imaginary one, since, even after the lungs were removed from the body, it required several most forcible insufflations, far stronger than ever would be made in the case of a still-born child, to produce rupture of the pulmonary vesicles. On the other hand, he was struck with the great force needed thoroughly to inflate the lungs, while their resiliency was sufficient to expel the greater part of the air. He found, moreover, in many cases where children had died suddenly, after breathing for several hours or days, no other morbid appearance than an unexpanded condition of a large portion of the lungs. With reference to the mode of practising artificial respiration, he condemns the mere blowing into the mouth as inadequate, and recommends the use of a tracheal tube. He is of opinion that there is more danger of failing from imperfect insufflation than of doing harm by its too forcible performance. It is of importance, likewise, that it should not be suspended on the first sign of breathing, but continued until the child cries loudly and respire well.”—*Dr. West's Report, British and Foreign Review.*

---

*Columbus Medical College, Ohio.*—By an act of the recent session of the Ohio Legislature, the Willoughby Medical School was removed to Columbus. The faculty has been re-organized, and are now giving their first course of lectures. We are sorry to see the price of a full course of lectures placed so low as \$55, being a little less than \$8 for each ticket. We had hoped that when the competition between this and the Cleveland school was measurably abated by its removal to Columbus, they would both have fixed their fees at \$10 for each Professor's ticket, which is the price generally adopted by the northern medical colleges.—*Ill. and Ind. Med. Jour.*



# THE BOSTON MEDICAL AND SURGICAL JOURNAL.

VOL. XXXVI.

WEDNESDAY, JUNE 2, 1847.

No. 18.

## A BIOGRAPHICAL SKETCH OF THE LATE DR. WM. C. WARNER.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—Under the impression that a short biographical notice of the late Dr. Warner, the circumstances of whose death from the use of strychnia, were a few weeks since related in this Journal, will be acceptable to the reading medical public, I have taken the present occasion to present the subjoined memorial. Some such notice does, indeed, appear to be demanded, because, from the singular accident which so speedily terminated his existence, it has by some, who knew little or nothing else in relation to him, been inferred that he was a careless man; a conclusion entirely devoid of truth.

His father, the late Dr. Levi Warner, was for nearly thirty years a highly intelligent and esteemed practitioner of medicine in Newhaven, Vt. He came to Vermont from New Milford, Conn., having studied medicine with Dr. Potter, of Fairfield, who, we are informed, was for some time President of the Connecticut Medical Society. Having completed his early medical education, and received the credentials of the State Society, he repaired to Vergennes, Vt., but finally located and remained in Newhaven till his death, which occurred at the 53d year of his age.

Wm. C. Warner, the subject of this notice, was born at Newhaven, the 25th of May, 1808. In Vermont, so universal has common education been made, that the exceptions are few in which young persons, both male and female, arrive at the age of 18 or 20 years, without having received what is called a common education—that is, they are familiar with the principles of reading, writing, English grammar, arithmetic, &c. The subject of this sketch had done more, and at an early period had made himself sufficiently familiar with the Greek and Latin languages, together with the other required principles of education, to pass the ordinary examination and become a member of Middlebury College. He, however, remained in college only a few years, when the death of his father and other causes appeared, in the view of himself and friends, to justify his taking a dismission. He then commenced the study of medicine with his brother, Dr. E. D. Warner, at his late father's residence. In the year 1834 he received the degree of Doctor in Medicine at the Castleton Medical College.

Soon after his graduation, he commenced the practice of medicine in company with his brother and preceptor, and remained in this connection

of professional business three years. He then removed to Bristol Village, a beautiful country location in the immediate vicinity of where he had spent most of his days. In this place he remained till his death. At this period he had been in the practice of medicine about thirteen years. He was universally beloved and esteemed, and regarded as a safe, judicious and successful practitioner. He had engrossed almost the whole practice of the town, and considerable in the vicinity.

His health had never been robust, and the extra exertions which his professional engagements demanded broke down his constitution after about eleven years practice. The respiratory organs became implicated, especially the right lung; and the regular action of the heart, at times, was also impaired. The last year of his life he suffered severely from hemorrhoids. These complicated affections led him, from necessity, to the occasional use of anodynes, and particularly to that of morphia. He had never been an habitual opium user.

During the professional period of his life, it is understood that he devoted most of his attention to the cultivation and practice of his profession. He became a political man only to satisfy the solicitations of his numerous friends. He was universally known to be honest and capable, and, it is believed by those who were most acquainted with him, that had not premature death deprived the public of his services, he would have ranked in a few years among our most distinguished statesmen.

Dr. Warner was never married. This fact was certainly an unfortunate circumstance, especially in regard to himself. In the first stage of human existence, it was found necessary for man to have a help-mate; and among all the vocations of life, there is probably none which requires this aid more than that of a country practitioner of medicine. Those physicians who are located in the new regions of our northern and western States or Territories, have to meet the inclemency of the seasons both on the mountain side and in the more sickly valley regions. The trials, fatigues and dangers of the physician, in these locations, cannot be fully appreciated except by those who have experienced them. To preserve his health, the medical practitioner needs, more than any other man, at the close of each of these jaunts, a bosom companion to administer to his necessities by the preparation of suitable food and refreshment. Sisters, and other kind female relations, may indeed greatly administer to the comfort of a person under these fatigues and privations; and in the case of the subject of this notice, we have reason to believe that their kindness did contribute for some time to the preservation of his health; but it must be admitted that they constitute a sorry substitute for the better-half. And, even at the last closing scene of life, no other temporal blessing can be more consoling and soothing. At the death of the late Dr. Tilton, of revolutionary notoriety, says his feeling biographer, "I had the gratification of watching with and comforting him in his lonely, dreary bachelor's abode, where the balm of female tenderness and sympathy never mitigated a pang, nor compensated for a woe, but where masculine aids, rough as they are, were alone employed to soothe and cheer the scene." (Vid. Thatcher's Med. Biog.)



By his professional brethren, Dr. W. was held in general respect, and his affability greatly endeared him to his relations and a large circle of acquaintances. The estimation in which he was held by the community in which he resided, as a physician, and the extent and value set on his practice, are in some degree illustrated by the fact, that although he died suddenly, at the early age of 38, before his remains were safely deposited in their resting place it is understood that no less than four medical aspirants arrived in the snug and fine village of Bristol, as competitors for his late professional business.

J. A. A.

*May 10th, 1847.*

---

#### THE SURGICAL ADJUSTER.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—My attention was directed to an article in your Journal of March 17th, on “the Surgical Adjuster,” soon after that No. made its appearance; but it so happened that I was where I could not have access to it, and consequently it has been suffered to remain unnoticed by me to the present time.

The writer commences by paying a high tribute, indeed, to the value and importance of the adjuster. He says, “No one at all conversant with the construction of Dr. Jarvis’s very powerful instrument for reducing luxations, pretends to call in question its utility.” He also closes his remarks with expressions of the kindest intentions “to sustain Dr. Jarvis’s invention,” not only for its own sake, but that “the inventor may enjoy the full benefit of his ingenuity.” This certainly is candid—it is kind—and, after what has been shown in the *London Lancet*, the *London Medical Gazette*, the *Gazette des Hopitaux*, the *Archives Générales de Médecine*, the *New York Journal of Medicine*, &c. &c., the facts and principles presented in which having never yet been disputed; and also having known of its practical application once at least through the medium of this Journal, and with very little pains he may have known of many more; after all this has been shown and proved, I presume he will admit, as he has already done, virtually, not only the soundness of the principles on which the adjuster is constructed, and its practical value and importance growing out of the application of those principles, but he will also confess that all of the other means in common use for treating fractures and luxations are constructed on unsound principles, and are consequently erroneous or defective in practice. Such conclusion is inevitable from the premises. There is to be no compromise between them and the adjuster. There can be none. The pulleys, for example, proceed on the ground that the point of traction shall be always fixed; the adjuster, that it shall be always free—and hence the difference in the result, when both were tried under the skilful hand of Prof. J. F. May, of *Columbian College*, as published in this Journal of December 30th, 1846. It would not be difficult (I trust) to show that in that case, more surely than to have effected reduction by means of the pulleys, or

by sheets and assistants, the axillary artery would have been ruptured, or even the arm torn from the patient's body. But with the adjuster it was readily and safely reduced in thirty minutes. It is a very common affair for the pulleys, &c., to fail in the most skilful hands. I have often witnessed their failure in such hands, both in Europe and America; and I hesitate not to give it as my opinion, that in four out of every five cases, where the pulleys have failed, reduction might have been safely effected by the adjuster. This opinion is sustained by repeated examples, and by the principles of anatomy, physiology and mechanics. That the operation of the pulleys (and per consequence that of assistants) in ordinary luxations, is *always* wrong; that they *never* operate correctly, although reduction may be, as it undoubtedly is, in many cases, readily effected by them; still that the basis on which they operate, the principle through which force is thus applied, is nevertheless wrong, always wrong, cannot admit of a doubt. In addition to the failures which come as the consequence of this wrong application of force—local lesions, inflammation, and a retinue of other ills, might be named as belonging to their train. Thus much on the subject of luxations.

I was invited, not long since, by a surgeon decidedly eminent in his profession, one with whose reputation the readers of this Journal are all well acquainted, to visit a patient of his who had a fracture of the upper third of one thigh, and another fracture of the lower third of the other thigh. The whole case would be interesting to relate, but as we have the promise from my much-esteemed friend that the case shall be published for the benefit of the profession, I will confine my history of it mainly to that limb in which the fracture was in the upper third of the bone. At the time I visited the patient, I found an ununited fracture of sixty-three days standing, and the fragments of bone as loose and movable in the limb of which I speak as on the first day of the injury. It had been treated by a very skilful hand, and with the best of the usual means. Still, at the end of sixty-three days the bone was ununited; and this in a man of about 35, both enterprising and intelligent. Doubt now rested on the minds, and sadness on the countenances of all concerned. It was evident that more fear than hope possessed the patient's mind, although he was a philosopher. I however advised to use the adjuster. My friend concurred, and it was used. The bone was re-adjusted and the limb dressed with it. I saw the patient on the following day with my friend. I left him, satisfied that he was in good hands, and knew nothing further of the case for two months. About that time I called upon the surgeon, who invited me again to see the patient—and how different! The bone had united in good shape, and although he had had a little ill luck with the other leg since I had left, still he was happy; hope had revived, and all around was joy and gladness.

To show why osseous union should take place in using the adjuster, when it will not while employing the usual means, belongs more appropriately to him who reports the above case. I therefore leave that, with its full history, to one who is entirely competent to the task, not doubting it will be in due time faithfully performed. Thus in treating fractures,



all the old or common means proceed, either on the ground of neglecting extension and counter-extension altogether, or of combining it with position. The adjuster adopts the principle of applying both, but independently of each other. The old principle is, to allow a *joint* to interpose between the points of extension and counter-extension. The adjuster confines those points within the limits of the fractured bone. In treating fractures at the neck of the thigh bone, the old method regards the length of the neck as of no consequence. The adjuster regards it as of the first consequence; giving it its full length, in order to co-apt the bone. Such, then, is the discrepancy between the principles on which all of the old or common apparatus operate, and those of the adjuster, that if the principles of the one are sound, the other must be unsound.

But to the article in question. The writer assures us that "the complaint is becoming general that the price of the adjuster places it quite beyond the reach of country practitioners. All the cases that might fall under any one's practice in a year, under ordinary circumstances, would not yield fees enough to pay for an adjuster. And hence scores, who would be glad to own one, are really obliged to resort to old contrivances." This, then, is the whole of it. The principles of the adjuster are sound. It treats the cases for which it is designed correctly. Those of the old contrivances are unsound, and such means treat those cases incorrectly. But, because the cases which would ordinarily fall to one's lot in a year, would not yield fees enough to pay for an adjuster, therefore are they really obliged to treat their patients incorrectly.

Suppose a surgeon should state frankly to his patient, like an honest man, that he was treating him incorrectly, simply because he could not afford to pay fifty dollars for an apparatus, which would not only treat his, but all other cases of fractures and dislocations, correctly, for a hundred years, could he live so long; what would the patient be likely to think of his doctor? Among the members of a liberal and learned profession, would he not be likely to look about him for some one, who *was* liberal as well as learned? But, my word for it, the patient is the last man to be informed of the true reasons for his treatment; and his doctor the last man to confess them.

Suppose, also, that in some one of the many suits brought against members of the profession, to recover damages for mal-practice, in which one of the old contrivances had been employed in treating the case, but which had resulted very unfortunately, at least for the plaintiff in the suit; and suppose, also, it should be shown, that in all fair probability the case would have resulted fortunately for all concerned, had the adjuster been judiciously employed; and the defendant, to justify this neglect, should set up the plea, that to have used it he should have been subjected to the enormous expense of fifty dollars for treating all fractures and for reducing all luxations (under one of which heads the present case belonged), and therefore he ought not to be held obligated to have used it; what think you would be the opinion of the court in such a case? or, rather, ought not the court here to step in for the relief of the injured?

So far from its being the case that "the price of the adjuster is quite beyond the reach of country practitioners," it is believed there are but few who are really unable to buy it. If indeed they are so, they are unable to treat the grave injuries for which it is designed. There are many, undoubtedly, with whom it may be very inconvenient to buy this, as it is many other things which belong to their profession; but which it is nevertheless their duty to possess, so long as they continue to practice in their profession.

There is a class of practitioners who, although they may have a large and lucrative practice, will never buy anything, unless by the influence of public sentiment operating on them, or by the force of circumstances, they are compelled to do so. They would not buy the instrument at one half of its cost, the better to perform their duty. Indeed, they seem to care but little how that duty is performed, so that they obtain their reward. No terms can accommodate them, only "to have it all."

There is another class, who are not only ambitious to excel in their profession, but who delight in performing their duty skilfully and faithfully—"in doing things in the right way"—and who are even desirous of obtaining all those means which tend to advance the science and to improve their practice. These buy the instrument. Nor do we hear a word from them, that it is too costly an apparatus, or that their cases will not yield them fees enough in a year to pay for an instrument. With them the more rational, the more consistent, the more liberal policy is pursued; and one more conformed to the dignity of their profession, viz., to inquire, is this instrument constructed on sound and philosophical principles? Shall I be able to treat my cases with this more successfully than without it? Will this instrument alleviate human suffering? These questions being answered affirmatively in their own minds, they buy the instrument; and they invariably say, such as I have heard speak on the subject (and I have heard many), that "the manufacturers have made a splendid instrument," that "they afford it to surgeons at a very reasonable price," and that "it is very well worth what they charge for it."

One word about "reducing the price," "less finished condition," and "tolerable substitute," and I will not, Mr. Editor, trouble your readers any longer; for I have really made a long article on a short one, but I have felt called upon, by my left-handed brother, to do so. I have taken the pains to visit Messrs. H. & G. Kellogg's establishment in Birmingham, Conn., and to examine carefully their books, in order to know the cost of the instrument; and I hesitate not to declare, to the members of the profession, that it is the cheapest surgical instrument, according to the cost of manufacture, which is offered in the market; that there is charged less per cent. above the cost, than for any other surgical instrument; and that surgical instrument makers have complained to the manufacturers, that they by selling the instrument so low, would hurt their business. Did not the manufacturers possess the exclusive right to make them, they could not be afforded at less than 20 per cent. advance on the present price; and I am authorized by the manufacturers to say, that their books



will be open to the inspection of any gentlemen of the profession, who may wish to call and examine them, that they may satisfy themselves that the above statements are correct.

As to making a "less finished instrument, that it may be sold cheaper," I have only to say, that this would be the right way to render it useless, and ultimately to destroy it altogether, if that could be done. To have it answer its ends perfectly, it must be made of the best and strongest materials; the machinery must be made to run smoothly and accurately; and it must be as small and compact as possible. Now these ends cannot be answered by using either cheaper materials, which might be wrought at less expense, or, by making a less accurate gear, or fit, of the parts. If it were intended only for fractures, it would not require the strength of the material used; if for dislocations only, it would not require the number of parts; if for any one class of injuries only it were adapted, it would involve no other expense than for that class. But it must be recollected that it is adapted to all, both fractures and dislocations, and all of each, except perhaps the lower jaw; and it is doubtful whether if a surgeon should purchase all the apparatus which would be requisite to treat all of the cases which this one is adapted to treat, they would not cost him more than an adjuster; *and then they would not be right.*

Finally. As for the "tolerable substitute," there is never any lack of "ingenious mechanics," who for the want of brains to originate, to invent, are constantly on the look-out for some important invention to which they may affix some petty modification of their own, in order to rob the inventor of his just reward; and their improvement, as compared to the invention, may generally be likened to the mistletoe on the oak, drinking up the life of that majestic tree, to nourish a common pest of the forest. But with regard to substitutes, I have shown, that to have one answer all the intentions perfectly, it must be made equally well, and fully as strong, as the present one. If we require to use the force of half a ton, our materials must be capable of sustaining half a ton; and they must be brought, too, within the space in which they are required to be used. There is no necromancy in mechanics. If we have given points at which we are to arrive, we cannot *create* a more direct way, than a right line between them; nor can we change the principle of reaching these points, by making that line in a semi-circle. I can assure the writer, if he does not already know it, it is no easy matter to change principles; and this the "ingenious mechanic" must do, before he can obtain his "tolerable substitute."

I am, Mr. Editor, very respectfully,

Your obedient servant,

Portland, Conn., May 15th, 1847.

GEO. O. JARVIS.

## DISEASES OF THE EYE.

Extract from the *Treatise on Diseases of the Eye*, by Dr. A. L. DESMARRÈS. Translated from the French by Dr. CLENDINEN, Chef de la Clinique Oculaire. Paris, Avril, 1847.

**TREATMENT.**—The treatment is usually the same as that of the ophthalmias which have produced the abscesses, at least as long as they have not ulcerated. To arrest the inflammation at its onset by an energetic antiphlogistic medication ; to combat the photophobia by repeated frictions of belladonna around the orbit, say some five or six times a-day ; to prescribe some revulsives on the intestinal canal ; such are the means of which we should think at first—such, also, is the treatment which we have successfully practised. Another way is still open to the physician in the commencement of superficial acute abscesses ; we speak of the abortive or ectrotic means of employing the azotate of silver. Without any kind of doubt this means may be signally useful, especially if we employ it boldly and in the cases which demand it. We must not, however, forget that strong instillations of lunar caustic into an inflamed eye, produce, in nervous subjects, pains truly insupportable, and serious accidents to the diseased organs. In these cases, it is not unusual that the means good in the principal, become really bad, because of the individual circumstances of the case.

Many times we see patients return with an inflammation much greater than before the instillation of the collyrium, and absolutely refuse to re-apply it. Let us, then, repeat, that the nitrate of silver is not, in all individuals indiscriminately taken, a topical application suitable for the treatment of the same disease. We can cite three examples, particularly ; amongst them the case of a young girl in whom, independently of grave nervous accidents, the azotate of silver, after three insertions, produced a commencement of chemosis, although at first, there was but a simple keratitis of a partial kind, two or three days old, with slight effusion, at largest not more than a line or so. The chemosis would doubtless have yielded to regular and continued instillations, but this could not be done on account of the acute pain and the nervous accidents which the medication produced. The collyrium was as one to twenty (of water).

These two methods, applicable only in effusions accompanying an acute stage, should give place to a revulsive treatment in the case of abscess in the chronic stage. Neither local bloodlettings nor general ones are required, at least in many cases ; purgatives, alterative doses of the mercurial preparations, ammoniacal vesicatories behind the ears and around the orbits, then form the basis of the treatment. Some excitant collyrii or pommades may also be advised.

By practising mercurial frictions around the orbit either during the acute state, or the chronic, can we diminish the plasticity of the blood, and thus prevent the effused matter ? This is a point as yet very obscure, in our opinion ; moreover it is not always without danger to employ the mercurial ointment in some subjects, particularly in lymphatic children. We have seen a very considerable number, after a long treatment, in



which this means was particularly prominent, become pallid, languishing and cachectic, and not recover until after a persevering and well-directed tonic system. When the effusions, in place of stopping and disappearing, acquire a volume greater and greater, and become prominent either in the anterior chamber, or outwards, will it answer, despite the treatment employed, to open them with a lancet? We have never seen this plan succeed, either with our patients, or with those of other practitioners. In one case of profound abscesses in an old woman, we opened the cornea, and the pus did not escape outwards, from too great density of the liquid. The inflammation only progressed more rapidly and more mischievously, the wound remained open, and the deep-seated lamella was destroyed at a later period by ulceration.

The peculiar semi-circular or annular band, of a dirty whitish grey color, some half a line or more in extent, on the circumference of the cornea, seen after some days existence of purulent ophthalmia, is to be considered as a veritable gangrenous state, or at least as that of an abscess generally median, or superficial, when considered in relation to its position in the cornea; its incipency is immediately under the conjunctival covering, whence it extends to layer after layer of the cornea and of its interstitial cellular tissue. Its circular form has been supposed to depend on the infiltration of the matter effused from the other portions of the cornean membrane, where it had been formed and by force of gravitation brought to the edge of the cornea, at its junction with the sclerotica. Now this theory doubtless answers in accounting for the peculiarity, to a certain degree, after some duration of the malady, but the upper part of the cornea is frequently the seat of this appearance, and the force of gravity can here have little to do with it (in this particular point of view), for the patients, if unrestrained, notoriously couch themselves on the breast with the face buried in the pillows. In fact, another more rational mode of accounting for the phenomenon must be adopted. We find Middlemore thus describing the situation of the parts. "Very soon after the pain has commenced, and especially if no active depletive measures be adopted, there will be a tense and painful state of the eyeball. It will feel as though its fluid contents were augmented, and also as though it were too large for its socket, and the patient will complain most dreadfully of the agony produced by this tense and compressed condition of the globe. The reason of all this is sufficiently manifest. The inflammation of the conjunctiva very rapidly extends to the deeper-seated parts, their secretion is increased, and the augmented fluid contents of the eyeball communicate, by their pressure on the containing parts, that horrid sensation of tension of which patients so uniformly complain. The thickened state of the conjunctiva, the inflamed state of the sub-conjunctival cellular membrane, and the condition of chemosis which are present, produce a great degree of compression upon the external tunics of the eye, so that these parts (the cornea and the sclerotica) may be said to be placed between two compressive agents—the contents of the eyeball on one hand, and the enlarged textures external to them on the other." Here, then, is the solution of the phenomenon; the compress-

sion exercised by the chemotic swelling on one side, and the inter-ocular engorgement on the other, in fact, strangles the nutrient vessels of the cornea, and prevents the transmission of the (white) blood to it, which had hitherto circulated in its tissue. If this compression be not relieved, necessarily death must result ; just as would occur on compression too long sustained of a member. It is true that abscess only may be the effect, but this may subsequently ulcerate (when it is described by Ware and by Desmarres as ulceration by abrasion). These are degrees of death of the organism, which may be followed by spontaneous opening of the anterior chamber or by an effusion of its fluid contents, which always proves a source of the greatest relief to the intense sufferings of the patient. To establish this fact, is to form an important basis for the adoption of a proper treatment.

In the earlier stages of this ophthalmia, numerous practitioners agree upon the advantages of free scarifications. Baron Larrey, who saw 3000 cases, without one fatal result, always used it ; and, here in Paris, no doubt exists of its importance ; every day's experience at the clinique of Prof. Desmarres proves it. But if the disease has gotten the start of the surgeon, and this gangrene has supervened, to continue it is injurious. Use the strongest astringents on the conjunctiva around the cornea, even at the risk of further softening the cornea in this spot, the nitr. of silver and potash fused together, in the proportion of one part of the first to three of the last, or the sulph. of copper, so very successful in the hands of Dr. O'Halloran ; but leave the vessels running to the cornea, which has not yet died, for on them depends the only chance of vitality.

But another mode can be relied on, that which Wardrop has so boldly advocated, and which assuages the sufferer every day as employed by the hands of Desmarres (who has invented a needle for the operation), paracentesis of the cornea. I believe Middlemore to have made an equal error with Vetch, who states that the cornea, when sane, from the action of the muscles of the eye, is burst ; for though we find him denying the fact, still he draws from it the conclusion that if true, paracentesis oculi would be admissible. Why we should do so, I can no more see, than why we should expect the muscles to force pus through sound skin, before we plunge a trocar down ; but the analogical reasoning grounded on the absence of suffering when perforation occurs, shows the necessity of bravely making an artificial opening. Where ? In the keratocele, if existent, but not in the white ring (unless so thinned and ulcerated as to warrant it), but in a sound point, being careful to spare the vessels. The relief is instantaneous, and the evacuation of the aqueous humor may be made from the orifice again and again, during the day. By thus artificially draining the eye, we enable the absorbents to compete with the secernents, whilst our external astringent applications are coercing back the current of blood. Too much stress cannot be laid on the preservation of the nutritive vessels of the unsound cornea. In keratoplasty, the transplanted cornea seems to draw out the vessels by their fibrinous organizations to the centre, whilst itself dwindles and shrinks.



So it is here, if a sufficient part can be kept sound to nourish the impaired portion, whilst the reparative process is being carried on. Now it is that excitants are useful, to keep alive the vessels which at first we strove so hard to cut off, touching the edges of the ulcer, if unfortunately one exists, with sulph. cupri, using drops of laudanum, &c. &c. Due attention is to be had to the constitutional treatment. C.

12 Rue de Bussi, Avril, 1847.

## TREATMENT OF STRICTURE AND IRRITABLE URETHRA.—CAUSES FOR THE ABUSE OF CAUSTIC BY QUACKS AND OTHERS.

By Edward H. Dixon, M.D., of New York.

[Communicated for the Boston Medical and Surgical Journal.]

THE detail of "cases" with their diurnal treatment, excepting those of great individual interest and acknowledged rarity, has become so distasteful to practical men, that I shall endeavor to condense the observations I have yet to make, and adapt a few hints on treatment to the two principal classes of patients who seek our aid for these affections, giving portions only of two or three cases of peculiar interest, illustrating the abuse of caustic.

Any one familiar with the vast extent of quackery in the treatment of diseases of the genital organs, with the extraordinary facilities for practising on the credulity of those who require such assistance, will at once see the probability of great abuses in this department of practice. That such abuses exist to an extent incredible to the general practitioner, is well known to every surgeon in this city; and when we reflect that the present state of medical education, with the facilities for obtaining license, can by no forced deduction be proved the actual cause of so great an evil, we should take shame to ourselves for not entering our united protest against it.

In the preface to a treatise on "Diseases of the Sexual System," we used the following language in allusion to the withdrawal of legislative protection from our profession, and we beg the privilege of introducing it here, because it is partly in consequence of that publication that we have been enabled to verify the extent of the abuse of the treatment of Lallemand, not only by professed quacks, but often by the regular practitioner himself. In making such assertions, we wish it distinctly understood that there are strong reasons why we speak of them as we do, and that we were long since aware that such censure was justly deserved by some members of the profession.

"A diversified practice of fifteen years duration has entirely convinced us that the most effective causes are operating to break down the slender barrier hitherto existing between the accomplished surgeon and the vilest empiric. This has long rested on a foundation as feeble as the public intelligence on medical subjects, and the only wonder is, that it has so long withstood the onslaught; the late act of the Legislature is the legitimate sequence of its own miserable previous policy in granting to col-

leges monopolies to teach, or rather to huckster diplomas. The profession is now open to all; yes, so far as the fostering care of that great 'caterer and dry nurse of the State,' an American Legislature, can extend its maternal arms, the most profound of our number may enter the lists for public favor, with his boot-black. This kind protection of the public health was a necessary appendage to their previous enlightened act; for these colleges, alas! for poor humanity, have been animated with such persevering zeal for the numerical, not the intellectual strength of their graduates (upon the yearly number of whom the subsistence of many of their professors entirely depends) that the country is flooded by men totally destitute either of education or habits of philosophic thought, for the profession to which they have so unhappily been admitted."

It is, then, as we believe, from actual incompetence in our own profession, that quackery rears its bold front, and adds its Herculean power to perpetuate these evils.

The first class of patients I shall speak of, are those who are the acknowledged votaries of Venus, and have been the subjects of one or more attacks of gonorrhœa. There is an exceedingly broad moral diagnosis, as we have said in the last No., between them and masturbationists; and we are well assured, that this is often combined with such actual difference of temperament as to render it highly important in a therapeutic point of view.

The libertine presents himself with a bolder and far more confident air; with him it is a matter of course that he should be thus affected. Like Cobbett's American beggar, who asks with confidence "if you can help him to a quarter," he is contrasted with the masturbationist, who begs, like a criminal, that you would "aid him for the love of God." Now let me ask the astute practitioner, does this difference exist in men of similar age, complexion and stature, without often indicating such differences in temperament as are essential to successful treatment? Does not the one require curbing, and the other assurance and encouragement? Moreover, as wine and women are usually inseparable, in the mental association of the first, we shall find more active disturbance in the urethra when we attempt an examination by the bougie, and greater necessity to restrain him by suitable cautions during treatment, should we find him the subject of stricture.

Caustic, as we have already said, should only be used to destroy the active irritability of the urethra, precisely as we use it to overcome the irritability of a corneal ulcer—and never as a destructive agent.

We will illustrate our view by part of a case. A gentleman of 30 years, who had been the subject of repeated claps, which he had very much mismanaged by the injudicious use of violent and stimulating injections, found his last attack so stubborn that he sought advice from his family physician; not recognizing the gleet which the patient still supposed the primary affection, to be the concomitant of stricture, he exhausted the list of clap medicines, including large doses of cantharides, without benefit—allowing the patient, meanwhile, to eat his suppers and drink his wine as usual, Perceiving that he got no better under the



treatment of his physician whom he esteemed a very excellent general practitioner, he sought the aid of a celebrated empiric, his urine at that time passing occasionally (particularly after free drinking) guttatum. The quack, more experienced in the true symptoms, attempted the passage of a metallic bougie, and, probably, from the patient's description, used considerable force. Not effecting an entrance, he freely applied the caustic, causing long-continued and intense pain. The amount used may be judged from the fact of an abscess forming in the urethra, and the necessity of an operation by the internal incision, for the evacuation of the urine, the next day after the caustic was applied. As that incision was made by myself, possessing the good fortune of my patient's entire confidence, I escaped his censure for this protracted annoyance whilst the ulcer was healing, which was only effected by the constant use of the catheter for several months. Now here was an instance of double mismanagement. A proper diagnosis from the actual and marked symptoms should have been made at first, and then the barbarous ignorance of the quack and its consequences would have been avoided.

In a second and similar instance, we were obliged to make the incision from without, deep in the perineum; this case was stated in a No. of this Journal some five or six years since. Nothing is more common than this mal-application of caustic, and we regret that it should ever happen in the hands of the regular physician; but so it is. Very recently we have dismissed a patient, who was pronounced to labor under prostatic enlargement, and was subjected to more than fifty cauterizations by Lallemand's instrument, and that, too, by a very respectable surgeon of this city! He was 25 years of age, presented an aspect of the most vigorous health, and seemed at an infinite remove from one in whom this disease might have been supposed to exist; the only diagnosis we could make of an existing discharge upon which the doctor founded his own, was an actual state of plethora on the seminal vesicles, the consequence of entire continence after acknowledged and long-continued venereal indulgence. In this case a very obstinate and decided stricture had been produced, by the irritation either of the instrument or the caustic, which required several months of treatment, rendered more embarrassing by the acute nature of the injury, and the consequent difficulty of estimating correctly the legitimate use of the bougie.

And here I must repeat (and it cannot be too well remembered), that no two individuals will either tolerate the use of the bougie, or the caustic, in precisely the same degree. There can be no rule either for the number of times the bougie is to be passed, the time it is to remain, or the frequency of application, or amount of caustic to be used; every case is to be observed separately; and I have no doubt that frequent failures in the treatment of stricture, originate in our want of acumen in estimating these important points.

Another and greater difficulty consists in controlling the dietetics of the patient during treatment. The surgeon has here a very difficult task to perform. In a volume of our own, from which we have already made an extract on the subject of medical education, we advanced the follow

ing sentiment to the independent surgeon. "There is no such thing as treating a querulous and discontented patient for stricture with any advantage; and the surgeon who will consent to do so, is more regardless of his reputation than the writer. The patient may think unreasonable dietetic regulations enjoined; but let him remember it is a mutual and honorable contract between the surgeon and himself. The reputation of the former and the happiness of the latter are at stake; the first is to do his duty; the latter is to obey, or it is the surgeon's duty to discharge him. He has no right to risk his own reputation or the patient's cure."

It is unnecessary for me to speak at length on these regulations; every enlightened surgeon knows that the patient should lead a quiet and philosophical life, avoiding excesses of all kinds, whether of stimulating drink, food, deficient clothing or venery; indeed, most patients require to lead a vegetative life for several years, and may then thank Heaven and the surgeon if they get well with all the care that may be given them.

#### UTERINE HYDATIDS.

[Communicated for the Boston Medical and Surgical Journal.]

Mrs. ———, aged 24, English, of good constitution, consulted me for pain in the abdomen, with swelling and tenderness of the right leg and foot. She was nursing her first child, and said that her periods had just returned after an absence of five months, and that she had not the common signs of pregnancy. I prescribed fomentations to the abdomen, frictions of the swelled limb with a stimulating embrocation, and rest. The next night I was called to see her, and found her with some periodic pains in the abdomen, and profuse hæmorrhage with vomiting; the uterus was felt low in the abdomen, of the size of a child's head, and nearly as hard. The cervix uteri was nearly obliterated, and the os tincæ would scarce admit the end of the finger. I ordered cold to the pubis and vulva; and the pains and hæmorrhage continuing, I introduced a tampon, and gave an anodyne. The flooding was partially arrested, though the pains continued for about two hours, when a mass of innumerable hydatids was expelled, which weighed one and a half pounds. They were attached to a kind of placenta, composed of semi-organized coagulum, which also connected them to the uterus. The pain and hæmorrhage ceased, and the patient is doing well. These hydatids ranged from the size of a pin-head to that of a white walnut, though by far the greatest number of them were less than a small pea, some globular, others conical, of which there must have been several thousand.

Centreville, R. I., May 10, 1817.

H. N. MATISON.



---

 THE BOSTON MEDICAL AND SURGICAL JOURNAL.
 

---

 ~~~~~  
 BOSTON, JUNE 2, 1847.
 

---

*Anniversary of the Massachusetts Medical Society.*—At 10 o'clock, on Wednesday last, the Fellows of this Association met at the Masonic Temple, in this city, for the transaction of the usual business. The Counsellors were elected for the various districts, the list varying but little from that of last season, with the exception of Suffolk, in which several unexpected changes were made. At 1 o'clock, Dr. John Ware, of Boston, delivered the annual discourse, which was replete with wisdom and practical good sense. He has a happy method, in writing upon any subject, of giving it both interest and importance. As soon as the discourse appears in the published annals of the Society, further notice will be given of it. Dr. Ware has but just recovered from a severe indisposition, and therefore was hardly in a condition to address a large audience. The dinner was served at Faneuil Hall. Not far from four hundred medical gentlemen dined as though they enjoyed the meal, which was altogether superior to the indigestible one that was dished out to them in 1846.

A meeting of the Counsellors was held at the Society's rooms, on Thursday, to hear reports of the various committees, and to elect officers for the ensuing year. The board was unusually full—a circumstance that was particularly gratifying to the friends of the institution. Among other reports, was one recommending the publication of a quarterly Journal, under the auspices of the Society, to be gratuitously distributed to the members, commencing in January next, provided the annual cost does not exceed fifteen hundred dollars. Dr. Alden, of Randolph, on the first ballot, was elected President, but on account of ill health, chose not to accept the honorable trust. Subsequently, Zadock Howe, M.D., of Billerica, was elected President; Edward Flint, M.D., of Leicester, Vice President; J. B. S. Jackson, M.D., Corresponding Secretary; Alex. Thomas, M.D., Recording Secretary; M. Gay, M.D., Librarian; and Z. B. Adams, M.D., Treasurer. Not being able to procure the names of all the gentlemen composing committees, boards of censors, &c., nor a correct catalogue of the Counsellors of the various districts of the Commonwealth, those in the County of Suffolk only, are published, who are as follows:—Drs. Geo. C. Shattuck, John Jeffries, Wm. J. Walker, W. Lewis, Jr., G. W. Otis, J. Flint, C. H. Stedman, J. V. C. Smith, H. I. Bowditch, Harwood, H. B. C. Greene, A. Thomas, M. S. Perry, G. Bartlett, W. Strong, S. Morrill, D. H. Storer, E. Palmer, Jr., J. Odín, M. Gay, H. Dyer. Luther V. Bell, M.D., is the orator for 1848.

---

*Value of Advertising.*—For years past, it has been customary to announce by advertisement, in this Journal, the day of the anniversary meeting of the State Medical Society; but the present season it unfortunately escaped the mind of the Secretary till it was altogether too late for an insertion. One gentleman, residing in a distant part of the State, we have already learned, failed of being present on account of this omission; and

it is not improbable that many persons, residing at a distance in the country, were absent from the meeting, from not knowing precisely the day appointed—which should be published some weeks in advance, at least, in a publication which of all others would be most likely to circulate the intelligence where it was needed.

---

*Pennsylvania Hospital.*—There are few if any hospitals in the United States, which have a more extended celebrity than the Pennsylvania, at Philadelphia. Great names in Medicine and Surgery are inseparably associated with it, and hence the institution is one of interest and importance to a medical stranger who may visit that city. The location is convenient for those officially attached to the establishment, but dwellings in the neighborhood have gradually crept up so near, that the view from it is not very extensive, unless the roof is ascended. An open square, with a beautiful lawn, still remains open in front, which should continue so; but it is said the Trustees would be glad to sell it for the benefit of the Hospital—it being the property of that noble charity. Some other method of raising funds should be devised, as it would be a positive injury to the inmates in all future time to box them up with high brick edifices on the south. Recently some improvements have been effected in the interior of the wing formerly occupied by the insane, which render it so much superior to the other parts of the building, that the contrast is striking. It would be good policy to take down the whole structure, and re-build it in accordance with the conveniences and improvements of modern times. If funds are actually needed, however, to the degree that the sale of the beautiful plot of ground in front is contemplated, the probability is that the old walls will remain as they are another century. Notwithstanding the architectural defects that might be pointed out, and the dilapidated condition of some parts within, there is a peculiar dignity in the venerable Pennsylvania Hospital. Its tall waving trees, the portly statue of the founder, in a broad-brimmed Quaker hat, in connection with the history of the men who have been connected with it, and who laid the foundation of medical science in America, will always be regarded with more than ordinary interest by the profession of this country, while the Hospital remains in existence, whether in a state of vigor or in the condition of a ruin.

---

*Medical Botany.*—Messrs. Lea & Blanchard, Philadelphia, have brought out an admirable volume, under the title of "*Medical Botany, or Descriptions of the more important Plants used in Medicine, with their History, Properties and mode of Administration, by R. Eglesfield Griffith, M.D., &c., with upwards of three hundred illustrations.*" The author hopes that he has supplied a deficiency in our medical literature, and no one conversant with books will doubt the assertion that something has been wanting to complete the circle of knowledge in studying botany for purely medical information. Dr. Griffith candidly refers to the sources from whence his materials were principally drawn, and without hesitation awards to each, the acknowledgment due. With respect to the drawings, he also copied those most worthy, on account of their fidelity to nature, in whatever treatise they were to be found.

The anatomy of plants, the foundation of the treatise, occupies fifty pages, and the reader will be both delighted and instructed by this part of the dis-



sertation. Without being tedious, it is sufficiently copious for a right understanding of the laws of vegetable life. There is much within a small space. Next follows an alphabetical botanical terminology. Third, conspectus of natural orders, containing medical plants. Fourth, description of plants used in medicine, which occupies the remainder of the 613 pages of the volume.

Dr. Griffith has executed a laborious enterprise, in a satisfactory manner. It seems to us that there cannot be any diversity of opinion in the matter, since he has apparently left no source of light unexplored, that could even remotely benefit the text. In medical botany new plants will occasionally be added, and old ones exhibit properties not heretofore recognized. This is expected in a progressive science; but such expectations cannot affect materially the essential interests of this excellent work—the latest and best book extant on medical botany. Were its circulation through the country equal to its merits, extensive inroads would be made into the strong holds of quackery, since peoples' eyes would be opened to the monstrous impositions practised upon them by the pretending vegetable doctors.

---

*Practical Chemistry.*—In the mass of documents that were printed and laid before the late National Medical Convention, there was one prefaced thus:—"The following opinions are respectfully submitted to the Medical Convention for their consideration, with a hope that they may be approved." Neither its origin nor any action upon it are remembered; but accidentally finding it in a collection of things laid aside for future examination, we were delighted with the sound doctrine it inculcates. "As chemistry and anatomy," says its author, "are the fundamental branches of medical science, any attempt to give a medical education in which they should be neglected, would be like attempting to erect a superstructure without a basement." The fact is undeniable that chemistry has been neglected in some of the schools, notwithstanding the extraordinary interest it is creating at the present moment in Europe. Whether this has grown out of the false idea that it could or would not be of much service to a medical practitioner, or not, is uncertain. But the impression seems to have been pretty general, that anatomy, surgery and theory and practice were the prominent departments, and chemistry, like symphonies in church music, was thrown in for effect, and not on account of its importance. With the death of Sir Humphrey Davy, the beautiful science which gave immortality to his name, and which was immensely enlarged in boundaries under the fosterings of his genius and perseverance, began to languish, at least where it should always be considered indispensable, viz., in schools of medicine. This is not the first occasion we have taken to advert to the subject of the neglect of chemistry;—and if we have slumbered of late over it, the communication to the Convention has fairly awakened us again to a deep sense of what should be insisted on by the professors of medical institutions—a competent knowledge of practical chemistry.

---

*Foreign Exchange Journals.*—By a notification in the last No. of the Dublin Medical Journal, we find that by some unaccountable mismanagement or want of faithfulness somewhere, our Journal never reaches Ireland. The Nos. are prepaid at the Boston Post Office, seasonably to go out in the steamers, and there is no reason why they should not go to their place of

destination with the same regularity that marks our other exchanges. We trust the editor, should these explanatory observations fall under his eye, will institute an immediate inquiry, perhaps at the Liverpool Custom House or Post Office, to ascertain what becomes of so many packages.

We are proposing to ourselves another plan, with a hope of better success, viz., sending the Boston Medical and Surgical Journal to the care of a New York publishing house, in regular correspondence with a London agent, to be forwarded with their parcels. The same remarks are applicable to the Edinburgh Journal. We can effect any kind of exchange better than that of medical periodicals. A sad feeling of disappointment comes over us when the packets arrive, and fail to bring with them the Journals to which ours have been long sent.

---

*Pittsburg Eclectic Medical Review.*—On the first view of this new enterprise, the impression was that the medical faculty of Pittsburg, Penn.—a talented body of men, with some of whom we have the pleasure of a personal acquaintance—had united for the support of a medical periodical, to be the organ of their opinions and that kind of intelligence sought for by practitioners. But it turns out to be the old hack of the Thomsonians, ridden till it is lame in every joint. It promises to appear monthly, which is eleven times too often in the year, unless there is an exhibition of more medical knowledge than characterizes the specimen No. Among the leading articles is a sketch of the life of the late Dr. Æsculapius, a gentleman who attained to some eminence about 1260 years before the Christian era. Mr. Oldshue has nearly a page on medical eclecticism, and following close upon it, is a recipe for hæmoptysis, illustrating the mental calibre of the conductor of this sapient herald of medical reformation. Here it is:—"R. Root of skunk cabbage, bruised, two ounces; water horehound, or bugleweed, three ounces; juniper berries, two ounces. Steeped in two quarts of boiling water—giving half a teacupful every hour, having first been sweetened."

---

*Inhalation of Ether.* MR. EDITOR. Sir,—When sponge is used, so saturated may the air become with the vapor, that in small rooms, and at night, it has been feared that the necessary use of lamps or candles might produce explosion. To prevent this, in a case of labor, the sponge was covered with paper, and no accident or embarrassment of any kind occurred. It was suggested, in a communication of that case to your Journal, that a bit of bladder might be substituted for paper.

In speaking on the subject to Dr. Hayward, who has made such extensive and successful use of ether in surgical operations, he said that the bladder might prevent atmospheric air reaching the lungs, and so asphyxia might be produced. In view of the possibility of such result, I would advise that the sponge should not be covered at all. The amount of evaporation will much depend upon the quantity of ether used, on the size of the sponge, and the manner of using it. Explosion will be prevented by keeping lights out of the reach of the vapor.

I shall be exceedingly obliged to you for the earliest insertion of the above, as the subject to which it refers is of the deepest professional and public interest.

I remain your friend, &c.

Boston, May 31, 1847.

W. CHANNING.



*Practical Application of Ether to Medical Jurisprudence, to distinguish feigned from real Disease.*—M. Baudens illustrates its application to this purpose by two cases:—1. A soldier who had been enlisted, applied for discharge, on account of spinal curvature, which was strongly marked. The man was placed on a table on his back; but from the dorsal curvature, which was like a semicircle, all the weight of the trunk was thrown on the lumbar region. The vapor of ether was administered, and in four minutes insensibility came on, which was very soon succeeded by a relaxed state of the limbs. The cushion, which had previously been placed under his shoulders for support, was now removed, when his head and shoulders sank down flat on the table, and presently he lay quite prone, all curvature having disappeared. The deception the man practised was now clearly proved.

The other case was that of a young soldier recently enlisted, who entered the Val de Grace, presenting complete ankylosis of the hip-joint of the left side. When the limb was touched, a spontaneous contraction was felt, which seemed voluntary; and hence the disease was deemed to be simulated. He was put under the influence of ether, which produced somnolency in five minutes, and perfect insensibility in eight minutes; but relaxation of the muscles did not follow till after twelve minutes. Then the reality of the disease was manifested; a complete ankylosis of the hip-joint, allowing motion in no direction, and such that the pelvis was raised by an attempt to elevate the femur.—*London Lancet*.

*M. Magendie.*—This distinguished physician having had a bribe offered to him, to the amount of 3000 francs, to suppress evidence he was about to give, respecting “gorged leeches,” prosecuted the party offering the bribe, who, on being found guilty, was sentenced to pay a fine of 300 francs, to be imprisoned one month, and to forfeit the 3000 francs, for the benefit of the Parisian hospitals.—*Ibid*.

*Medical Miscellany.*—Cases of vomito have appeared among the U. S. troops at Vera Cruz.—A water-curing institution has commenced operations at Dracut, Mass., and another at Northampton.—To the astonishment of well-wishers of true science, the Legislature of Virginia have lately chartered an *Eclectic Medical Institute*—one of those rag-fair institutions which are very much like the Thomsonian manufacturing establishments.—An extraordinary and fearful mortality is prevailing in Moorehouse Parish, La., occasioned by the malignant scarlet fever, bronchitis and pneumonia.—Dr. J. H. Gushee, of Raynham, we understand, has performed the operation of phlebotomy on himself, every spring, for four years in succession, taking from one to two pints of blood at each time, alternately from the cephalic and basileo-cephalic vein of his left arm. The instrument used was Evans’s thumb lancet. Dr. G. has also extracted three molar teeth for himself.

---

MARRIED,—In Townsend, Henry A. Gerry, M.D., to Miss Caroline Brooks, both of Townsend. At West Scituate, R. I., Thomas Kendall Newhall, M.D., to Miss Eliza Ann Harris.

---

*Report of Deaths in Boston*—for the week ending May 29th, 64—Males, 38—females, 26. Stillborn, 6. Of consumption, 4—typhus fever, 20—brain fever, 1—dropsy on the brain, 4—influenza, 1—spine disease, 1—infantile, 7—drowned, 1—debility, 2—paralysis, 1—hooping cough, 2—pleurisy, 1—croup, 2—jaundice, 1—colic, 1—rheumatism, 1—marasmus, 1—disease of the heart, 3—accidental, 2—smallpox, 2—lock-jaw, 1—convulsions, 2—old age, 1—erysipelas, 1—suicide, 1. Under 5 years, 23—between 5 and 20 years, 5—between 20 and 40 years, 22—between 40 and 60 years, 9—over 60 years, 5.

*Case of Poisoning by Camphor.* By Dr. O. E. BROWN, of Brandenburg, Kentucky.—Mr. A., a stout, robust man, on the 27th January, 1847, bought an ounce of gum camphor, had it put up in paper as usual, placed it in his pocket, and went to church. While there he would frequently pinch off small pieces and chew and swallow them, not noticing the quantity taken. After church he, with his father and brother, left town for home. When they had proceeded about one mile on their way, the two brothers were riding together, when suddenly the one who had taken the camphor drew up his bridle as though he was going to stop his horse, threw himself back and fell to the ground. Upon going to his assistance, they found that he was powerfully convulsed; in a short time, a second and a third convulsion followed. A gentleman passing at the time, who was in the habit of bleeding, bled him, conveyed him to the nearest house, placed him in a warm bath, and gave some medicine. He remained speechless, and perfectly unconscious of all that was going on for several hours. After some hours he gradually recovered his speech, but stated that he could not recollect any of the transactions of the evening on which the accident happened. He remained stupid, languid, and rather wandering all next day, but gradually recovered his former condition, and has enjoyed his health and spirits as usual since.

The foregoing history I derived from the father of the individual affected. The weight of the camphor sold by the druggist was ascertained, and on weighing it again it appeared that it had lost *one hundred and ten grains*. It may be concluded, therefore, that the young man swallowed something like that amount of the substance.—*Western Med. and Surg. Journal*.

---

*Census of the Population of New Orleans.*—The census of the city recently taken must be full of the grossest errors. It gives us a population of about 96,000; whereas in 1840 the U. S. census allowed us 102,000. The idea that New Orleans has retrograded within the last 7 years is perfectly preposterous. No one places any reliance upon the correctness of the late census—indeed several gentlemen have assured us that their own families, as well as many of their acquaintances, had been erroneously represented. Whilst the 2nd Municipality is reported as having increased during the last 7 years from 21,500 to 42,919, the others are made to decrease in about the same ratio. Now it is not supposed that the 1st and 3d Municipalities have increased in proportion to the 2nd, but they certainly have not diminished. It is much to be regretted that the late census has been taken in so unsatisfactory a manner.—*New Orleans Med. and Surg. Journal*.

---

*Milk a Purgative.*—During the night of the 4th, we saw an Italian who had received the *stiletto* of his comrade, near the junction of the eighth rib with its cartilage of the right side. Having had, up to the fourth day after the wound, but one motion of his bowels, a laxative dose of medicine was proposed, to which he objected; stating *milk* was his only physic. He took a common size tumbler of sweet milk, and at the next visit he had had 5 or 6 evacuations. We made particular inquiry on the subject, of himself and others around him, and were satisfied that this article of diet operates upon his bowels.—*Southern Med. and Surg. Journal*.



# THE BOSTON MEDICAL AND SURGICAL JOURNAL.

VOL. XXXVI.

WEDNESDAY, JUNE 9, 1847.

No. 19.

## ON THE PATHOLOGICAL AND PHYSIOLOGICAL EFFECTS OF ETHEREAL INHALATION.

By Buckminster Brown, M.D.

[Communicated for the Boston Medical and Surgical Journal.]

THE necessity that some regular course of observation should be followed by those who are employing the ethereal vapor in their practice, and that these observations should be carefully noted for the benefit of those who have less opportunity and are less experienced, will be readily acknowledged. In the present age of careful medical analysis and numerical study, it would be strange indeed if this new discovery were not subjected to the same rigid discipline, and if speedy application were not made in this instance of means for acquiring information which have elsewhere proved to be of such high value.

In Paris, where the numerical method originated, where accuracy of diagnosis and acute analysis of medical phenomena are carried, perhaps, to a greater extent and greater minuteness of detail than in any other place in the world, and where such vast opportunities are enjoyed for medical research, it is natural that this energy of scientific investigation should be directed in full force to a subject now exciting such universal interest. And here, accordingly, we find that the ether has been tried in a greater number of cases than has been possible elsewhere.

This occurs partly, also, as a direct consequence of the fact, that in France, more than in other countries, a medical man, after he has obtained a knowledge of his profession in all its branches, governed, as it were, by a natural impulse, seizes upon some one of these branches and devotes to it peculiar attention. He dives into its depths with a determined vigor, a hearty earnestness of inquiry, and, unsparing of his labor, brings it, not to the greatest degree of perfection of which it is capable, it is true, for that would not comport with the slow and painful steps by which man is obliged to travel towards that high mark, but yet many degrees nearer the attainment of this end. He thus throws upon it so much light, that when he leaves it, those who follow have but to unravel the thread, often undoubtedly by laborious efforts, which he has placed in their hands. Thus when an important discovery in the arts and sciences is made, these men give it an attentive consideration, turning it over in their minds with an especial reference to their own subject of deepest interest.

Such has been the case in regard to the employment of ethereal in-

halation. And it is very curious to observe how each has gone to work to apply this important agent to the furtherance of the object which he has in an especial manner nearest at heart. M. Dubois, the well-known accoucheur, immediately calls in its aid to the relief of those who must undergo the pangs of an artificial delivery. And not content with this, he makes use of it to diminish, if possible, those natural physiological pains attendant upon the puerperal state, when these extend beyond their ordinary limits. It is a singular, but sufficiently established fact, that a mother may now give birth to her offspring, not in the midst of severe suffering, but whilst she is enjoying the delights of some agreeable dream. MM. Roux, Velpeau, Malgaigne, Amussat and others, of course immediately employed it in those cases for which it was first presented to their notice, and with which their names are almost identified. M. Flourens and M. Longet, who are so distinguished as physiologists, have commenced a series of experiments with the ethereal vapor on animals, which, when taken in connection with the phenomena observed in man, will, it is to be hoped, in time, solve many a problem in physiology. These cannot but be watched with that deep attention which this subject, rich as it truly is in incitements of the highest character to prolonged study, is well calculated to command.

There is scarcely an operation in surgery in which the inhalation of ether has not been tested. But, more than this, it has been most successfully used for the alleviation of pain caused by disease. Agonizing suffering, in many of those cases which have hitherto defied all the efforts of the physician, or been lulled into but a temporary calm by the most powerful opiates, has been, in consequence of the benumbing power which ether is now found to possess, and to which we shall again refer, annihilated, while at the same time the mind has been left clear.

In the earlier part of the month of December last, soon after the discovery was made known, I made use of it for this purpose, and through its agency had the satisfaction of being able to soothe the distress and to relieve the dyspnœa of a patient dying of phthisis, and to see death divested of half its pangs. Recently it has been employed much in this way, and the last days of a friend sinking under a disease accompanied by the most excruciating suffering, were by its means rendered comparatively easy and tranquil.

It is affirmed in one of the late Nos. of the "*Gazette Medicale de Paris*," that if certain other medicines are given in combination with the ethereal vapor, their specific effect is much increased. Thus the effect of quinine, administered in this manner, is many times greater than when exhibited in the ordinary way.

M. Ducros states further, that if sulphuric ether is associated with the extract of belladonna, and is inhaled, it will arrest as by enchantment the debilitating cough so often the commencement of phthisis, thus crushing, as he believes, in the germ, this fatal disease. And even if the disease has advanced to ulceration and formation of caverns, if the irritating cough can be eased and the organ be placed in repose, upon the same principle that we place any other diseased or wounded parts at



rest, we may expect, all things considered, a like amelioration in their condition.

Such are some of the hints thrown out for verification by this writer. That this remedy may be used as a means of relief in certain cases, there is no doubt.

Another statement, advanced by the same writer, may prove at some period of inestimable importance to those who, in the course of their surgical practice, are called upon to deal with patients of all temperaments; the nervous, the irritable, and with, besides, various personal idiosyncracies. Upon some of these the process of etherization will undoubtedly have an unforeseen and alarming effect; producing, as has already been experienced in more than one instance, extreme narcotism, with coldness of the extremities, feeble pulse, sighing respiration—in others violent convulsions, delirium, a wild and frantic excitement. In such cases, in addition to the common anti-narcotic remedies, which, if they can be carried into effect, may be of no avail, it is of importance to know of some application which will have an immediate restorative influence on the system.

Two such remedies are offered us, which have been tried with success upon animals, and if they prove to be equally beneficial to the human species, then shall we be possessed of information of high value. These are opium and electricity. In regard to the former, M. Ducros says that when the animal has respired the ether until he is in a state of torpor, if we administer to it a dose of hydrochlorate or acetate of morphia, he is instantly roused. In a more recent communication, he states that we can cause the insensibility and all the phenomena of etherization to cease instantly by passing through the body of an animal under its influence a current of electricity. I have known of but one instance where morphia was given in a case of human etherization. The various sources of error always attendant upon the administration of any medicament in one instance alone, to prevent its being cited as worthy of trust in the future, operate, of course, in full force in a case like the present. The result, however, was such as to encourage us to future trials of the remedy under similar circumstances.

Electricity has not, I believe, as yet been tested in this country. But should a case present itself of prolonged deleterious effects from the inhalation, in which this agent would seem to offer a reasonable chance of relief, there can be no hesitation in regard to the propriety of its employment. Should these remedies prove, after more extended experience, to have the beneficial effect which has been attributed to them, we may, I think, with reason, expect that the first named will be useful in those cases which are attended with delirium and other symptoms of cerebral excitement, while the latter will be of chief service in those characterized by coma, general coldness of the surface, &c.

The physiological effects of the ethereal inhalation cannot, of course, as yet be clearly comprehended; it is too early, and the recorded cases too few or not observed with reference to this point. Any attempt at classification under this head must necessarily be attended with errors, which

time alone can correct. The phenomena observed, however, are sufficiently curious and interesting.

The ether acts in the first place undoubtedly as a stimulant. This is evinced especially by its effects on the heart, acting, it is possible, by the local stimulus afforded by the blood, loaded with the vapor, to its parietes. But this influence is also easily accounted for through the intervention of the nervous system—first, it would appear, as an excitant to the medulla oblongata and medulla spinalis, communicated by the par vagum and spinal cords, producing rapid pulse and quick respiration. The pulse has been known on one occasion, at least, as mentioned in the report of the carefully-noted experiments made by the Society of German Physicians in Paris, to number 174 per minute, while at the same time the respiratory movements were 57. In one or two other cases, reported by an English physician, it has reached 180. A similar effect, although not to the same extent, has been noted in a majority of the cases reported.

Its secondary effects are narcotic, and it is possible that the effects of this medicament may be adduced in support of Dr. Billings's theory of the *modus operandi* of this class of medicines. If they produce their results by rendering the nerves non-conductors of nervous power, then we may satisfactorily account for the strange phenomenon of general numbness occurring while yet the brain is in a comparatively normal state. This loss of sensation, as has been proved by the experiments of M. Flourens, always precedes the loss of motion.

During the earlier period of etherism (as it has been recently termed by a French writer) the nerves of special sense are in a state to perform their functions even after this condition of general numbness has supervened. The respiration and circulation are, as has been shown, increased in activity, circumstances which indicate the existence of vigor in the medulla oblongata, and to a certain extent in the cerebrum, which latter is not, as it would appear, entirely put to rest during any part of the process.

These facts are proved by what has been observed in several of the narrated cases. One or two examples will be, perhaps, sufficient.

In one of the cases related by M. Velpeau, he states that the patient, totally insensible to pain, sat up and *watched* the progress of the operation with *curiosity* and *interest*.

Another case, related also by M. Velpeau, is that of a young physician, who appears to have taken great delight in experimenting upon himself, and whose singular experience while in this state is certainly worthy of note. He is rendered insensible to pain very quickly, without, however, losing his consciousness. While in this condition he directs what shall be done to him (probably in furtherance of the experiment), and plunges pins and lancets into his flesh without feeling them. In finishing his brief account, this accomplished surgeon adds, "It will be impossible to say how far this discovery will go. It constitutes one of the greatest facts that has been made known during the present century. And it is not in surgery alone, but also in physiology, that its effects will be felt."



In truth, it is manifest that total insensibility of the cerebrum does not occur, even during the later stage, for where, but in that portion of the brain which is the acknowledged seat of the intellectual faculties, can we suppose that the phenomena of dreams takes place? and it is well known that most of those who have been etherized have dreamed. This is a decidedly mental operation, during which memory, imagination, hope and fear, have been called into action. Carpenter says, "whenever dreaming takes place, it is evident that the cerebrum is in a state of partial activity." In by far the larger proportion, happy emotions have been predominant.

Another of Velpeau's patients complains most bitterly of having been brought back among men; she believed herself in heaven with God and his angels. These are, as we know, the general character of the expressions made use of by the patients. And still farther, we know that the hearing, and in some cases the sight, taste and smell, are retained. The patient is aware not only of what is passing around him while in this state of complete numbness, but hears and obeys when spoken to. One of M. Velpeau's subjects, upon whom he operated for a tumor in the region of the parotid gland, stated distinctly that although he did not suffer, yet he plainly heard the crackling of the bistoury near his ear. This fact appears a sufficient refutation of a suggestion that has been forwarded by more than one observer, viz., that the sense of suffering was not annihilated by the ether, but it was the memory of that suffering which was destroyed. Here it is apparent that ideas would be received and retained, and that the power of recalling them was not injured, although pain not having been experienced could not be remembered.

That this wonderful state of things exists in many cases, we gather from the remarks of this writer, and various other sources, although it has been impossible to learn the exact numerical proportion. In so striking a light have they at times presented themselves, that one physiologist has even ventured to suggest the possible existence of an organ in the brain appropriated peculiarly to the sensation of pain, and that in these cases it is this organ alone which is put to sleep.

Passing now to the next in order of the great nervous centres, we find that the cerebellum succumbs the most completely and rapidly. The power of producing combined and associated movement is injured, or else voluntary motion is entirely abolished. The patient loses anything like an equal control over his muscles, he reels like a drunken man, or he is affected with spasmodic movements, demonstrating that the organ in which is centred the power of harmonizing and regulating muscular action has ceased to perform its office. *Will* is not wanting in these cases; far otherwise—and one instance is mentioned in which the patient, relating her experience, said that although she had suffered much, yet she could not in any way express her sensations; that she was in a very painful trance, or something similar to a trance, by which she was rendered incapable of making herself understood.

This unpleasant effect was owing, probably, either to some individual peculiarity, or to the imperfect administration of the vapor. It, however,

in addition to other facts, makes evident that in the etherized the ability of producing muscular movements *may* be abolished, while yet the will and also memory remain perfect.

The peculiar reflex function of the spinal nerve is materially affected. When the patient is completely etherized, there is an entire relaxation of all the voluntary muscles, while those which act from their own inherent contractility, the uterus, &c., still preserve their natural energy. This indicates that the influence of the vapor has now extended itself to the medulla spinalis, and has destroyed, for the time being, one of its most important powers, viz., that of imparting tonic contractility, which has been found to be derived entirely from the spinal marrow.

This has been taken advantage of by the surgeon to aid in the reduction of dislocations, and two or three cases are related by M. Velpeau and others, where it has proved to be of the utmost utility in reducing fractures also—not only rendering this operation painless, but also entirely removing that spasmodic irritability and contraction of the tissues, which in certain cases offer so powerful an opposition to the best-directed efforts. The muscles, previous to the inhalation, were in a state approaching convulsion, so that it was extremely difficult, if not impossible, to reduce the member to its normal length and form; *afterwards*, they were relaxed and yielded to the slightest traction.

That this power of the spinal marrow is not entirely annihilated, is sufficiently proved by the fact that the sphincters are still intact, and no instance has as yet, to my knowledge, been reported where these have been relaxed. Should the inhalation be continued a sufficient length of time, undoubtedly this result would ensue, and we may then readily conceive that but one step more would be needed to involve the medulla oblongata, producing a check to respiration, and its immediate consequence, death.

The *medulla oblongata* possesses, however, the singular property of resisting for a long period its morbid influence; and this certainly is a most beautiful provision. A slight derangement of those parts over which it has control, is all that we notice.

To conclude, the specific effect of the ether appears then to be exerted, to a certain extent, upon the whole nervous system. But the susceptibility of the various nervous centres to its influence, is not at all uniform, either in the degree or rapidity of its action. To form our conclusions from what we have thus far been enabled to gather, it is apparent that the cerebellum is the first to yield. Next in succession, the cerebral ganglia become partially inactive, the spinal cord, and nearly at the same moment the ganglia of special sense; lastly, the medulla oblongata. These deductions may differ in a slight degree from those with which M. Flourens concludes his experiments upon animals; they are drawn more particularly from observations upon the human subject.

The accounts which have reached us of the experiments made by M. Flourens, will with justice be considered but a prelude of what is to follow. They may, however, be perused with interest by your readers, and I will therefore give a brief translation of some of the most important, as



presented to the French Academy of Sciences, and this I will follow by the narration of an experiment made by M. Gerdy upon himself.

"We have seen," says M. Flourens, "by my preceding experiments, what is the action of the ether upon the spinal marrow. When we submit an animal to the action of the ether, the spinal marrow loses in the first place its power (as a conductor) of sensation; and, secondly, its motor power. It is particularly worthy of notice, that it is its power of conducting sensation that is first destroyed. Soon the moment arrives when both sensation and motion are abolished. Yet the animal continues to live, he respires still. How is this effected? It was to obtain an answer to this inquiry that my experiments upon the medulla oblongata were instituted.

*"The first Experiment upon a Dog.*—We submitted the animal to the inhalation of the ether. At the end of thirty-five or six minutes, the phenomena of etherization having appeared, we laid bare first, a portion of the spinal marrow, and then the medulla oblongata. This done, we pricked the posterior columns of the spinal marrow, we pinched, and we cut the posterior roots, and the animal felt nothing. We pinched the anterior root, and there was slight movement. The inhalation was then continued some minutes more. These elapsed, we again pinched the anterior roots, and the animal did not move. We pricked and cut the anterior columns of the spinal cord; still he remained motionless. The spinal marrow had then lost its two properties of sensation and of movement. We then explored the medulla oblongata. Upon pricking it the animal uttered a cry, and at the same time there was muscular contraction in the cervical region.

*"Second Experiment upon a Dog.*—At the end of twenty-five minutes the animal appeared completely etherized. We laid bare the spinal marrow, and pressure upon one of the posterior roots produced a slight degree of pain. The etherization was continued, and in two or three minutes more, upon again pinching the posterior roots, he felt nothing. We pricked and cut the posterior columns; still there was no pain. We passed to the anterior roots and columns, we pinched, pricked and cut them, and the animal remained motionless.

"This immobility, this insensibility of the spinal marrow being established, the medulla oblongata, already laid bare, was then examined. On touching it there was a marked trembling of the animal from head to foot; at the same time there were very manifest contractions of the cervical muscles. I then divided the medulla oblongata at a point which I call the vital knot of the nervous system, and that which happens under similar circumstances to an animal who is in his ordinary state, occurs also to the animal who is etherized, viz., the sudden abolition of all the respiratory movements—in other words, sudden death.

*"Third Experiment upon a Dog.*—As soon as the animal appeared etherized, I again laid bare the spinal marrow and the medulla oblongata. There was the same loss of feeling and of motion in the spinal marrow, the same persistence of both in the medulla oblongata, and in fine the same sudden death upon a section at the vital point in the latter. I will

not add new experiments. Who does not see that the solution for which I sought is found? The spinal marrow loses its principles of sensation and of movement, yet the animal still lives, because the action of the medulla oblongata survives the action of the spinal marrow. In other terms, when we submit an animal to the influence of the ether, the nervous centres lose successively their force in a given order. First, the cerebral lobes, that is to say, intelligence, is lost. Then the cerebellum, that is to say, the equilibrium of the movements of locomotion; then the spinal marrow, or the principles of sensation and of movement; and lastly, the medulla oblongata survives alone in its action. It is on this account that life still continues.

"After having made with the sulphuric ether these experiments, and many others which I cannot report here, I wished to try other ethers. I commenced with the chlorohydric (hydrochloric) ether. The effect of this ether has been the same as that of the sulphuric ether. It has produced the same general insensibility; the insensibility of the posterior columns and posterior roots of the spinal cord, and the same immobility of the anterior columns and roots, with this difference, and it is a circumstance which may have its importance—the hydrochloric ether acts much more promptly than the sulphuric. At the end of twelve minutes the etherization is complete, and as this effect takes place much sooner than with the sulphuric, so it disappears much more rapidly.

"In three successive experiments made with the nitric ether the animal has each time succumbed in between one and two minutes.

"The inhalation of alcohol has never given any result similar to the singular phenomena of etherization. With alcohol the animal becomes drunk, but he neither loses sensation nor motion.

"I shall continue these various experiments," continues M. Flourens, "waiting the new results which they are capable of affording. Those which precede are sufficient to establish—1st. That the action of the ether is successive and progressive; and 2d, that this successive action attacks first the cerebral lobes, then the cerebellum, then the spinal marrow, and lastly the medulla oblongata. Thus the animal loses first intelligence, then equilibrium of movement, then loses sensation and the power of movement. After this, the next step is the loss of life. It is this," says M. Flourens, in terminating, "that it will be necessary for the surgeon to have constantly in mind, that the ether which drives away pain can also drive away life; and that this new agent which surgery has now acquired, is at once marvellous and terrible."

M. Gerdy has watched and noted his own experience when etherized, with much accuracy. His description of this experiment is as follows.

"I submitted myself to the inspiration of air charged with ether. The sensations which I experienced in the throat caused me at first to cough, but being resolved to resist this, I readily triumphed over so petty an obstacle. The prickling and the cough gradually ceased. From this moment I experienced a sensation of numbness, with heat, as if alcoholic and inebriating vapor were mounting to the brain. This numbness spread itself quickly. Commencing in the feet and toes, it extended to



the limbs and at the same time to the arms, after that to the loins, &c. It increased rapidly at each inspiration. It was accompanied in the sensible organs by a feeling of agreeable heat, by a sensation of crawling, of trembling or of vibration, similar to that which we experience on touching a vibrating body. These two impressions, when they have arrived at their acme, produce an obtuse impression, very agreeable and full of voluptuousness, an impression analogous to that of intoxication. The numbness caused by the ether is similar to that which arises from hydrochlorate of morphia or opium. It is this numbness which, blunting the general susceptibility, diminishes pain during operations.

"Sight is not sensibly affected by this numbness, for I read some philosophical signs by a feeble light, at a moment when I was powerfully benumbed. Hearing was more altered; it became less and less distinct as the inebriety augmented, and became more and more clear and distinct as this disappeared. In truth it was easy to believe that the noises were growing more obscure because they were becoming more distant, and that they afterwards became clearer because they approached. Notwithstanding this, the more profound the numbness, the greater the resonance produced by sound; but this intensity did not render it more clear. I am well assured that the senses of smell, of taste, of tact properly so called, were not paralyzed by the general numbness which I experienced, but I felt that the eyelids were heavy, a desire for sleep, and above all a wish to abandon myself to the delights with which I was infatuated. However, either because these phenomena had acquired the greatest degree of their development, or because I wished to observe myself until the last moment, I would not yield to the seductions which enticed me, and I *did not* fall asleep. I continued to study myself, and as I examined my sensations I directed my attention to my intellectual functions. I remarked, then, that with the exception of the vibratory sensation of numbness, which rendered my general tactile sensation and pain obtuse; with the exception of the ringing in the ear, which prevented my distinguishing perfectly what I heard, my perceptions and thoughts were very clear, and my intelligence perfectly free. My attention was also very active, my will firm, so firm that I willed to walk, and I walked, that I might observe the state of my locomotive powers. I then discovered that my muscles were a little less sure and less precise in their movements, somewhat similar to those of a person slightly intoxicated, or who is at least rendered giddy by alcoholic drink. With the exception of the pronunciation, which was embarrassed and slow, the other functions of the animal economy did not seem to me to be sensibly altered. My pulse, examined at the moment when I was most benumbed, presented no marked change from a healthy standard."

"The same experiment, repeated upon six or eight persons, men and women, has given analogous results, although not absolutely similar. Some lost, as in sleep, their consciousness, while others were gay and had obscurity of vision, which last, however, was not present in the majority of cases."

In another communication to the Academy, M. Gerdy makes the fol-

lowing brief observations, which may prove well deserving of consideration. "From the fact," he says, "that an individual has submitted to a long and painful operation for the extraction of polypus of the nose, without experiencing the least fatigue, although he was not asleep, is it not permitted us to hope that it will be the same in many similar cases? Does it not permit us to establish as a principle, that it is not indispensable to push the etherization until sleep has been brought on? Are we not forced to think that the etherization, when carried beyond sleep, even to general coldness or to feebleness of pulse, is dangerous? In fine, is it not permitted us to hope that it will frequently be sufficient simply to produce a general numbness, even without sleep, in order to greatly diminish the pain of operations and render them very supportable? It is on this account that I have not endeavored to produce profound sleep in the cases which I have related, but have hastened to operate."

In concluding this subject, I cannot refrain from repeating the opinion expressed in a former part of this article, confirmed, as we have now seen it, by various authors of acknowledged repute. It is apparent that the student of physiology has now opening before him a new path. New mysteries are now presented, to inspire in his mind renewed ardor of inquiry; an added impulse is given to his labors, and they are cheered by the hope that in the exploration of these, some of those which have hitherto escaped his keenest scrutiny will be unveiled, thus crowning his efforts with a most glorious reward.

*Boston, June 3, 1847.*

#### DUTIES OF PHYSICIANS.

*A Sermon to Physicians and others, preached over the Sepulchre of Æsculapius by Phocion, son of Medon.*

Death and life are in the power of the tongue.—Prov. xviii. 21

PHYSICIANS have certain duties devolving upon them as the guardians of the public health; duties which they cannot shrink from without forfeiting all claims to the esteem and confidence of the community in which they live, and to the world—nor are these bonds limited to the particular district of an individual, nor to his own patients alone, but they extend, they are due to mankind at large.

First, then, let us inquire what is the duty of medical men towards the people generally?

Of all the duties which we owe to the public, I think one of the most important is to teach them the true difference between a *physician* and a *quack*. This would learn them at once the absurdity and danger of trusting the charlatan—the propriety and safety of confiding in the man of science. But I am asked *how* can we accomplish so great a task? In reply, I know I shall be somewhat deficient—many do not see as I do. We have been too wary in our disapproval of quacks, of quack medicines, and of newly-discovered theories; our silence in a measure has,



as it were, assented to and granted their superiority, and endorsed them apples of gold and pictures of silver. Now the text says that death and life are in the power of the tongue. Its truth is exemplified in those instances where patients have resorted to the charlatan or his remedies, through the encouragement or carelessness of their physician (for well-bred doctors may and *do* stoop to encourage quackery); when they might have been dissuaded to have taken a wiser and better course, been reclaimed from their danger, and had life and health instead of death.

I know a man who, some ten years ago, had a long and tedious illness; his physician, a gentleman of high reputation, at his last visit recommended his patient to keep open his bowels by means of an occasional dose of "*Spencer's Pills*," as they were a safe and valuable laxative. I suppose there has not a week elapsed since Dr. ——— made this very insipid prescription, that his patient has not swallowed the pills in large doses, though it is evident to his family and every observer that they injure him. But his great doctor has gone to the shades, and probably the patient does this in remembrance of him.

If we would correct public sentiment, let us first correct ourselves. It strikes me that in extensively-circulated newspapers we ought frequently to give our views on these subjects, especially as those organs are made the hand-bills of quack doctors, quack medicines, &c. Much needs to be done in this way, for through this channel one can reach a thousand. If we give the people matter they will ponder—some, *many* of them will be improved, will be convinced that the system of medicine that has stood the test of thousands of years is the only true system of physic, and that everything that is not in fellowship with it is of ignorance and knavery. We should also agitate this question in the medical journals, inviting the attention of our brethren to it. We should employ our daily conversation in the families we visit, as well as on other occasions, to this end. By discharging these duties faithfully, we shall approach the object we desire, and without doubt obtain a vast amount of health and happiness for our fellow creatures.

We owe the world other duties, such as our religious and moral examples embrace. *These* must not be lost sight of; but time will not allow me to dwell on these topics, and to do so would be useless, for they are generally understood; they are all plain to him that understandeth, and right to him that findeth knowledge.

Secondly, we will consider our obligations to our patients.

Our obligations to our patients are both numerous and imposing; they include prompt, punctual and faithful attendance; the utmost exertion on our part to relieve their disorders, and when they are well we ought to give them such instruction and information (this can be done in various ways), as will tend to promote their health and general welfare. When their diseases are complicated and dangerous, we are bound to warn the patients' friends, and explain the propriety of having the opinion of some professional brother. "*Plus vident oculi quam oculus.*" A consultation at such a time will *never* injure the attending doctor; more frequently it will promote him; and more than this, it may rescue the patient from a

premature grave. Oftentimes has a like kind suggestion given life instead of death.

Brethren, always remember that you are not *priests* ; you are *physicians*. Your calling demands of you to heal *corporeal* and not *spiritual* maladies. It is of vast importance that you keep up the hopes of the patient in the hour of extreme peril. Death and life are in the power of the tongue—many a patient has been sent to his long home through the improper discourse of some *memento mori*. I have seen such an instance lately. I believe the patient might now have been living, had words of encouragement been given in the place of gloomy lessons on eternity and death. Such intruders should be kept out of the sick chamber. But there are those who understand their business ; if invited by the patient, judicious persons may be admitted ; but we should whisper them, as they pass over the dismal threshold, death and life are in the power of the tongue.

If it *ever* is the duty of the physician to give religious instruction, it is requisite that he give it to those who are in health, for he that has need of preparation for death should not procrastinate, but do it early. Let the minister of the gospel give those admonitions on suitable occasions ; but they should seldom administer them to the *very* sick, at least unasked. M. Rostan says, “Mental distress and grief are among the most injurious circumstances to which a fever patient can be exposed.” He says further, “We have continually seen those patients sink who were harassed by the fear of death, while those less timid as constantly recovered.” Every medical man is bound (if possible) to save the life of his patient, and hence he is required to expel from his chamber *everything* that would be likely to hinder his recovery.

Thirdly, we are responsible to each other, that is, we are a body compact, owing to one another certain obligations which in themselves are as binding as those we owe to the world, or to our patients.

In all our conduct we ought to be just and honorable towards a brother. Even if he has done wrong we ought not to cast him off until we have repeatedly found our efforts to reclaim him unavailing. We lack, as a profession, brotherly love. The world and the other professions are aware of this, and we are degraded in consequence. The mountebank takes advantage of these discords ; he knows that these internal disturbances weaken us and strengthen him. Brethren, shall these things be so any longer ? Methinks I hear the response, *ay*, from a thousand voices. Then let us unite, let us love and respect each other, and strive with untiring ardor, with unremitting vigilance, to build up and make more honorable our high and glorious profession. Each one can do something for our cause.

“ The coarsest reed that trembles in the marsh,  
If Heaven select it for its instrument,  
May shed celestial music on the breeze,  
As clearly as the pipe whose virgin gold  
Befits the lips of Phœbus.”

It has been said, with much truth, that our brethren of the bar, as well as the clergy, are irreverent towards us. It is truly singular that barristers



and divines should indulge in a custom so decidedly *contra bonus mores*. We claim but little knowledge of the law, and seldom get into its brambles as a profession. We know but little of theology; that is, we are not skilful in preaching, nor are we versed in parochial duties, we confess it; but when we employ an attorney, we fee him well, and render our professional services to the preacher gratis! Suppose, brethren, we take the ground of self-defence; employ a lawyer, let him charge his services, and wait till the account is outlawed before we propose a settlement; tell our friend that the law is a mere farce, that lawyers create legal disorders, and rob their clients, Should we be justified, should we tell *any* truth? Or shall we cry beware of priestcraft, all the clergy are seeking to be rich, to get your money; they are the proximate cause of many moral affections, &c.? and then make them pay us for our professional services. Could we be justified in this matter? I know, brethren, you will say *no*, we will not imitate the example of those whose behavior is of that kind that admits no favor from the wise and the good. But I say it would be only taking an eye for an eye, and a tooth for a tooth. But as degraded as they (some of them) think us, we are far above such a line of conduct; we despise the law of retaliation, which renders the aggrieved party as offensive as the aggressors—as a profession, we had rather *suffer* than *do* wrong.

If ministers of the gospel would say to their people that we are a learned and useful profession, destined to do good, that we are men of hard service, that we eat the bread of toil, they would confer on the world a great blessing. This would be far more rational, far more christian, than lending their names to glorify patent medicines and nostrums, the medicinal properties of which they are as ignorant of, as they are of the pathology of the diseases these medicines are promised to cure. Behold a minister of the Most High, trumpeting forth the praises of Thomsonism, Hahnemannism, hydropathy, and the like—systems of error, and practised generally by ignorant men. Ay, more, some of these clergymen *practise* these systems, and *vend* patent medicines; forgetting their holy office, they become the immediate inductors of medical heresy into our ranks. “She that bare thee shall be ashamed, O ye destroyers of mine heritage; because ye are grown fat as the heifer at grass, and bellow as bulls. For the pastors have become brutish, and have not sought the Lord; therefore, they shall not prosper, and all their flocks shall be scattered.”

Brethren, do not think me too severe; I have not denounced the clergy, but *reproved* them. This reproof does not fall upon all—it is generally the uneducated, the mountebank part of them, to whom these remarks apply. Without doubt others are also guilty, and they must not go unrebuked. Do not startle, brethren, when I admonish you to beware of this influence. I have felt it my duty thus to speak. I have seen a cloud gathering over our care-worn profession; I have lifted up my voice that you might take heed, and avoid the tempest that is already howling over your heads. No man, nor no class of men, are so pure as not to be human.

"Go teach the eagle, when in azure heaven  
 He upwards darts to seize his madden'd prey,  
 Shivering through the death-circle of his fear,  
 To pause and let it 'scape, and thou mayest win  
 Man to forego the sparkling round of power,  
 When it floats airily within his grasp!"

Finally, we owe to ourselves, individually, important duties.

These comprise, among others, a qualification to practise our profession. This is to be gained some how or other. It consists not merely in complying with the regulations of a college, but in a thorough course of medical learning. Those who cannot visit Europe, must obtain it at home; there is much to learn at home, more than any man has yet achieved. Nor is this saying there are not advantages abroad; it is urging the necessity of a good medical education, not regarding the process through which it is procured as the point of greatest magnitude. We should add to our stock of knowledge such matter as the constant advancement of medicine places within our reach; we are in duty bound to see that we receive the reward for our services from *all* those who are able to make us recompense; he who does not this, is worse than an infidel. A laxity on this point has almost established the custom that we must do the most of our business for nothing, and patiently wait for the other share, till somebody has a mind to pay us. This ought to be otherwise. For the good of posterity let us make in this respect an entire reform. Every physician should care for, and, preserve his own health as much as the nature of other duties will permit. I am sure, brethren, you need caution in this particular, and there are strong reasons for my soliciting your attention to this part of the subject.

For your own safety, brethren, I exhort you with all diligence to keep in subjection that unruly member which St. James says is untameable—more so than the serpent; the member that defileth the whole body, and setteth on fire the course of nature, and is set on fire of hell. *Remember* that death and life are in the power of the tongue. PHOCION.

#### MIDDLESEX DISTRICT MEDICAL SOCIETY.

[Communicated for the Boston Med. and Surg. Journal.]

WE yesterday attended the lecture delivered by Dr. J. P. Jewett, of Lowell, before the District Medical Association of that city, and were highly interested by the very able production of the doctor, as well as gratified in witnessing the increasing prosperity of this Society. Many learned gentlemen of the faculty were present, who contributed to the object of this Association, by a full and lucid examination and explanation of several important cases, that were presented for operation, by patients before this board, at the Mayor's office. Among these we noticed a skilful operation performed by Dr. Kinball, of the Lowell Operative Hospital, who removed a tumor from a man's cheek, with that nice skill and dexterity that evinced his thorough acquaintance in the surgical department. Several operations were performed by other members of the



board, all of which were approved by the other members present. These cases, thus subjected to the collected wisdom and experience of the faculty, speak loudly in favor of such an institution, and redound no little to the skill of the operators who are chosen from the body present.

The lecturer presented an early history of the diseases of the County, prior and subsequent to the landing of our Pilgrim Fathers. He treated, in a very able and lucid manner, of the diseases that existed under the early physicians who settled in New England, and gave a sketch of their characters, with an account of the hardships and trials that attended them in their several duties. From thence he came to the present day, and portrayed the existing state of health at Lowell, and deduced the advantages resulting from its location and business, by a comparison with the accurate statistics of other cities. One present could hardly fail of congratulating himself, that he was a denizen of the city, or, if a non-resident, of rejoicing at the remarkable health of the town.

In closing this notice, we would remark, that this association was originated but a few years ago, by Dr. Jewett and one or two other members of the profession—and that it is a branch or child of the parent Society of Massachusetts. Its object is similar to the original institution, and only becomes separate therefrom by the unity of those who live within the district of Middlesex, and congregate, by virtue of their Rules and Regulations, at Lowell.

It is apparent, therefore, that the advantages accruing to Lowell and its vicinity, from this assemblage of talent, under the bands of a society, are of no trivial nature; and the maintenance of its object should be cherished with no little pride or interest by the community at large. B.

*Lowell, May 20th, 1847.*

## NEW FORM OF QUACKERY.

[Communicated for the Boston Medical and Surgical Journal.]

IN the medical profession quackery appears in various forms. There is one form, however, which I wish at present to notice, as it prevails in a class of physicians whose standing and reputation should place them far above it. I allude to a course taken by some city surgeons, when called to country villages in consultation. Suppose a case where there are two regular physicians in a country village, both of whom are equally entitled to public patronage. Suppose, further, there are two or more eminent surgeons in a neighboring city, whose reputation makes their opinions "law and gospel" in the country village. Now in order to secure the consulting business of that village, *one* of these surgeons forms an alliance with *one* of the village physicians, and agrees that if he will call on him in all cases of consultation, he will puff him when he comes. "You give me the preference in the city, and I will give you the preference in your village;" and so they, like gamblers, play into each other's hand. Such a case has recently come within my knowledge, and such, I am sorry to say, is the practice of some in high places, to the burning shame and disgrace of a liberal profession. H.

---

 THE BOSTON MEDICAL AND SURGICAL JOURNAL.
 

---

 ~~~~~  
 BOSTON, JUNE 9, 1847.
 

---

*Massachusetts Medical Society—The late Anniversary.*—At the late annual meeting of our State Society, which has already been referred to in the Journal, the dinner table in Faneuil Hall was enlivened with the remarks of many gentlemen of the profession. Dr. Jacob Bigelow, who has been for several years the worthy President of the Society, and who some months since, to the regret of the members, expressed his intention of declining a re-election, spoke as follows:—

“Gentlemen,—I am reminded by the return of this anniversary that five years have elapsed, during which I have had the honor to preside at the meetings of the Massachusetts Medical Society. And now, in obedience to the republican principle of rotation in office, and in the conviction that there are many in the Society who will more ably discharge the duty of presiding over your deliberations, I have taken the liberty to announce that I am no longer a candidate for re-election.

“It is with great pleasure that I look back upon the years of my official connection with the Society, as upon a period of harmony, good fellowship, and honest effort among the members, to promote the common good, and raise the common character, of the physicians of Massachusetts. And I am proud to believe that in no part of our country, if indeed in any part of the world, is there an example of so large a body of medical men, held together by ties of mutual respect, and by the cultivation of a common science, and annually assembling to break their bread together in the exercise of social feelings, and the revival of friendly recollections.

“I cannot express the good which results to individual and social character from this long cherished custom. It contributes, more than anything else, to prevent the strife and mitigate the jealousies so common in professional life. It upholds the dignity of the educated class. It establishes a tribunal, which makes every man in some degree amenable to the judgment of his peers, who are the only persons qualified to decide on his just and permanent reputation. The man of sound knowledge and honest intention seeks for the intercourse of his fellows; the ignorant deceiver shrinks from the ordeal of professional contact.

“Gentlemen, our Society has lasted for three quarters of a century; its numbers are rapidly approaching to a thousand. I do not congratulate you upon this great growth which we share in common with so many other classes in our extraordinary country; but I do deem it a subject of congratulation, that among the great mass of physicians residing in this Commonwealth, so many are found of regular education, of respectable standing, and of honorable dispositions in regard to the rights of each other.

“I give you, gentlemen—The Massachusetts Medical Society; old but not infirm—numerous but not divided;—may it long continue to be, what hitherto it always has been, the protection and the pride of those who are worthy to be its members.”



*Ohio Medical Convention.*—On the 18th of last month, a convention of the physicians of Ohio was held at Columbus. The delegates were elegantly and hospitably entertained by their brethren of the city, towards the close of their deliberations, at one of the hotels, where there appears to have been both wit and wisdom to characterize the social gathering. The convention was in session three days. John B. Thompson, M.D., was president. Various papers were read—one being by Dr. Drake, on the topography, geology and diseases of the final termination of the Mississippi. He also "made some general remarks in reference to milk sickness. He had travelled, in the last few years, some 25,000 miles, and much in the region where the disease was said to exist, yet he had never met with a case of it. He had frequently got so near as to hear it was at the next farm-house, but when he arrived there it had disappeared or was still further on! He was of opinion that the disease was more dreaded and more talked of than necessary. It was easily controlled, and the deaths from it were not greater than as one in twenty compared with our autumnal fevers, croup, and other diseases peculiar to our climate. Dr. D. gave it as his decided opinion that it did not exist in a cultivated country—that cultivation absolutely and entirely destroyed it, and gave his reasons therefor at some length."

With a view to giving elevation to the profession in the State and securing their rights, the following course was adopted.

"*Resolved*, That a committee of fifteen members of this convention be appointed, whose duty it shall be to frame a proper memorial to be laid before the Legislature of this State at its next session, praying for the enactment of a law regulating the practice of physic and surgery in the State of Ohio.

"*Resolved*, That said committee cause a suitable number of copies of said memorial to be printed and circulated throughout the State, and that every regular physician therein be earnestly requested, and every member of this convention enjoined, to procure the signatures of voters to said memorial, and forward the same to the city of Columbus, on or before the first Monday in December next, directed to the Speaker of the House of Representatives of Ohio.

"*Resolved*, That said committee be further required to draft a bill regulating the practice of physic and surgery, and cause the same to be laid before the Legislature at its next session, and that they give their personal attention to the action of said body upon the same until finally disposed of."

Little good, however, is to be expected from this effort. There has been a strong determination on the part of several legislative bodies, within a few years, to break down the profession, so far as it is in their power to do it, by levelling physicians and surgeons of elevated attainments, to the low condition of charlatans and patent pill-makers. There is no incentive held out by the Legislature for being well prepared to prescribe for the sick, or to counsel the public on the most important matter of individual health, and inducements must be sought from other and higher sources.

---

*Connecticut Retreat for the Insane.*—By the twenty-third annual report of the officers, it may be inferred that the institution at Hartford stands well with the people. Humanity was never more conspicuously and advantageously displayed, than at the Retreat, where the insane are as happy

as it is possible to make them, in the present state of knowledge on the subject of diseases of the mind. The directors are complimentary to those having the immediate oversight, by saying that "next to the bountiful Source of all success, the usefulness of the charity is to be ascribed to their ability and faithfulness; there has been a marked diligence in the medical, moral and financial departments, eminently praiseworthy and honorable." This is precisely what we had a right to expect of Dr. Butler, the Superintendent.

*Copland's Medical Dictionary.*—A realization of what is meant by a snail's pace, is to be found in the manner of publishing Copland's Dictionary of Practical Medicine, the fifth volume of which was distributed to the Fellows of the Massachusetts Medical Society on the late anniversary meeting. It was wishing a gentleman a long life, when a hope was expressed that he might live till the work was delivered in a state of completion, to the members; and with a weighty sense of the burden of an extreme old age, he might reply that such prospective longevity was undesirable. It is to be feared, from the acknowledged fact that the English language is insensibly undergoing changes, quite as remarkable as it has passed through since the age of Chaucer, that the early part of this learned production will not be as much valued by that remote generation of physicians in whose day the last pages will be distributed, as by their patient, dictionary-loving ancestors.

*Death of the great French Surgeon, Lisfranc.*—TO THE EDITOR. Dear Sir,—I have just received a letter from my nephew, Dr. F. Willis Fisher, who is now in Paris, from which I make the following extract. Thinking that you might be pleased to be the first medical editor who should announce the death of Lisfranc to our public, I take the liberty of sending to you the extract. You will, of course, do what you please with it.

Boston, June 7, 1847.

In haste, yours truly,

J. D. FISHER.

"One of the most noted of the French surgeons has paid his tribute to nature. Lisfranc is dead! After four weeks of suffering from pseudo-membranous croup (*angine couenneuse*) he fell a victim to that relentless malady. He requested that tracheotomy might be performed for his relief; but that operation was objected to, as false membranes were already formed in the pharynx, œsophagus, larynx, bronchi, &c. He was aware of his situation, and said that he would not shrink before death *if his work on operative medicine were completed!* This remark of the dying Lisfranc is characteristic—not of Lisfranc alone, but of the French savans generally. It has often amused me to notice how jealous the French professors are of their scientific brethren, and how anxious they are to obtain professional notoriety. Lisfranc had become an old man, and yet he had all the feelings of youthful ambition. He had served as surgeon in the armies of Napoleon, and had been honorably noticed by that great man, and yet on the day of his death his craving for increased honor and glory seemed to be as imperious as ever. Lisfranc seems to have been a greater favorite with his countrymen than with foreign physicians and students. As a teacher he was much followed, and as a surgeon he deservedly held a high rank. He was a man of strong and violent prejudices—and never failed in exhibiting them



in his lectures, whenever he spoke of those whom he considered as rivals. Dupuytren and Velpeau were the peculiar recipients of his censures—and he oftentimes spoke of these great men with a severity and an eloquence which must have characterized the age of the French revolution. All those who were familiar with the social character of Lisfranc, say that he was a warm-hearted man—that he was ever a friend of the poor, and that his services and his purse were ever at the call of suffering humanity.”

*Deaths from Punctures in Dissection.*—From accurate researches it appears, that during a period of 21 years, from 1826 to 1846, 33 students belonging to the Faculty of Medicine of Paris, died of suppurative fever, arising from punctures received in dissection. It appears, also, that while, during the same period, the rate of mortality was only 1 in 80 among students of law, and 1 in 75 among students of the Polytechnic (Military) School, it was at least 1 in 50 among students of medicine.—*Lon. Lancet.*

*Medical Miscellany.*—Dr. Robert Hare, for thirty years Professor of Chemistry in the University of Pennsylvania, has resigned his chair.—Dr. Henshaw, of Coxsackie, has now under his charge a patient afflicted with abdominal dropsy, on whom he has performed the operation of tapping 45 times, and has taken away, within the last six months, over one hundred and fifty gallons, or 1100 lbs. of water.—Dr. Morton, of Philadelphia, is to prepare a biographical sketch of the life of the late Dr. George McClellan, of that city, to be delivered before the College of Physicians.—Cases of ship fever are multiplying in all parts where Irish emigrants are arriving.—Dr. Moore's annual report on meteorology and epidemics, for 1846, published in the quarterly report of the Philadelphia College of Physicians, is a praiseworthy paper. Dr. Condie's, on the diseases of children, is admirable, and precisely what we had a right to expect from a gentleman who has invariably written well.—The public health in India, at the last dates, was unusually good.—A report of the Colonial Surgeon of Hong Kong, China, has been published, representing that settlement as improving in salubrity.—“In matters of temperance,” says Mr. J. J. Smith, of Philadelphia, who has recently visited England, “the British nation is far behind us.”—Flour has been extensively adulterated in Belgium, with fine plaster of Paris.—So many medical practitioners have been cut off in Ireland by contracting the prevailing fever, that the insurance offices now wholly refuse to insure their lives. This intelligence comes in the Dublin Medical Press, of May 12th.—In the Delaware Circuit Court, a verdict of \$450 was assessed for the plaintiff against two reputable physicians of that State, for badly managing his dislocated arm. The western New York scheme, of making more out of medical attendants than could be gained by honest industry, seems to be extending.

DIED.—At Sandy Prairie, Missouri, Dr. Whistler—shot by some person unknown.—At Little Rock, Arkansas, Dr. Alden Sprague, formerly of New Hampshire, and subsequently of Charlestown, Mass., 47.—At Emis, Ireland, Dominick Jordan. M.D. 34.—At Edenderry, Ireland, Dr. Colly Grattan, surgeon, 30.

*Report of Deaths in Boston*—for the week ending June 5th, 59—Males, 40—females, 19. Stillborn, 6. Of consumption, 5—typhus fever, 23—lung fever, 4—scarlet fever, 1—suicide, 1—marasmus, 5—infantile, 5—dropsy in the chest, 1—dropsy on the brain, 2—teething, 2—cancer, 1—dropsy, 1—measles, 1—inflammation of the lungs, 1—old age, 2—disease of the liver, 1—small-pox, 1—disease of the heart, 1—influenza, 1.

Under 5 years, 20—between 5 and 20 years, 5—between 20 and 40 years, 19—between 40 and 60 years, 8—over 60 years, 7.

*Case of Poisoning, from swallowing Percussion Caps.* By T. W. FOSTER, M.D., of Keene, Ky.—Not long since, I was called in great haste to attend an infant, æt. 14 months. Upon entering the room, I was informed by the parents that they had observed their child, about two hours previous to my visit, playing with a box of percussion caps, and they supposed she had swallowed some of them, as signs of acute suffering were exhibited soon after.

The little patient appeared to be sinking very fast. The eyes had a hollow, glazed appearance; there was great heat in the epigastric region, and coldness of the extremities; there had been eight or nine discharges from the bowels in an hour, and her general aspect denoted approaching collapse. Before my arrival, free emesis had been produced by some domestic remedy, yet I continued the vomiting by administering ipecac. and large draughts of warm water (of which the patient greedily drank), with the hope of discharging at least a portion of the offending matters. The discharges became so debilitating, however, that I threw up an injection of eight drops of laudanum, suspended in starch mucilage, and immediately afterwards gave a large dose of calcined magnesia. An alkaline purgative was selected for the purpose of neutralizing any acid which might be found in the stomach or intestines, and thus prevent any chemical change in the copper. In the course of an hour, the child became perfectly composed, and fell into a pleasant slumber, though it had previously suffered excruciating pain, attended with spasms. Dr. Spilman, the family physician, now took charge of the case, and applied counter-irritation to the abdomen. On the next day, four caps were discovered in the fecal matter, which were found to be devoid of their fulminating powder. The child is now enjoying very good health.—*Med. Examiner.*

---

*Chicago Hospital.*—We have the pleasure of announcing to our readers that the public authorities have determined to establish a hospital at Chicago, and have already taken such steps as to put it in immediate operation. This measure, imperiously demanded by the public interest, on the score of economy, and that of the indigent on the ground of humanity, is no less so by the interests of medical science as a means of improvement. A moment's consideration will show us the advantages it will afford in this respect. A large portion of all the inhabitants of the western States have, during the past summer, suffered under periodical fevers. Their effects, in form of dropsical effusions, enlarged spleen, chronic phlegmasia, and debility, remain; the disease itself often occurring, even during the winter, and baffling any attempt to arrest it permanently and remove its sequelæ. The universal decision of the public and of the profession is, that all known means of treating such affections are ineffectual, and that new researches on the subject are required. These can only be made advantageously in public institutions.—*Ill. and Ind. Med. Journal.*

---

*New Medical Books in London.*—The Construction and Government of Lunatic Asylums and Hospitals for the Insane. By John Conolly, M.D., Fellow of the Royal College of Physicians of London, and Physician to the Middlesex Lunatic Asylum at Hanwell.—A Practical Treatise on Tumors of the Uterus and its Appendages. By Thomas S. Lee, M.R.C.S.E., &c.



# THE BOSTON MEDICAL AND SURGICAL JOURNAL.

---

VOL. XXXVI.

WEDNESDAY, JUNE 16, 1847.

No. 20.

---

## INHALATION OF ETHER IN PARIS.

MR. EDITOR,—Presuming that the inhalation of ether still excites a certain degree of interest in the city of *its discovery*, I have been tempted to write you a line concerning it.

I have now been in Paris nearly a month, and though, during that time, I have frequently had occasion to converse with several of the first surgeons and physicians here, I have never at any time heard any allusion made either to the discovery of the ether or of its power of producing insensibility to pain. It has taken its rank among medical agents, and is as quietly and firmly established as if it had been known for centuries.

There is still, however, some discussion as regards the best form for the inhaling apparatus. I have seen Jobert, at the St. Louis, make use of a bladder, merely making an opening in it sufficiently large to surround the mouth, and pouring into it a couple of spoonfuls of ether. The effect is generally produced very rapidly by this apparatus, more so than by any other that I have yet seen; and though I have known it applied for eight minutes in one case, not the slightest symptom of asphyxia was produced by it.

On Tuesday last I saw Jobert amputate the thigh of a man, for a scrofulous disease of the knee. The ether was administered by means of the bladder, and insensibility produced in three minutes. The operation, which was performed, contrary to his general practice, by the circular method, lasted thirty-five seconds. The patient gave no sign of pain, either during the operation or the application of the ligature and the transfixing the skin with pins for the hare-lip suture, of which Jobert always makes use of after amputations. The blood appeared darker than arterial, though not so dark as venous blood. No symptom of asphyxia presented itself.

If I remember rightly, Dr. Mason Warren, in a pamphlet on the use of the ether, states that he had made use of a sponge in operating on children. I have seen Guersant fils perform several operations on children at the Hospital des Enfants, but he always succeeded in producing the etherization by one of the common forms of apparatus, that of Charriere I think. The only thing I have noticed with respect to children, is that insensibility is produced much quicker and passes off sooner than in adults.

On Thursday last I saw Guersant amputate the arm of a boy, 3 years old. Insensibility was produced in less than two minutes, but the inhala-

tion was continued two minutes and a half. The flap operation was made use of, and was performed in one minute. During the operation the child manifested no symptom of pain; the sensibility returned in two minutes after the inhalation ceased, on tying the second ligature.

Velpeau asserts that he has never seen, or heard of, any instance of immediate ill effects from the administration of ether in France, and that the cases reputed such, published in England, like the generality of English cases, are so destitute of details, that he has not been able to satisfy himself of their authenticity. Still it is not improbable that a discovery really of such immense value may, in the first moment of enthusiasm, be overrated; and the object I have in writing this communication is to call the attention of your readers to a fact, if such it proves to be, that I do not remember to have seen stated in America, namely, the possibility of a fatal result being one of the *remote sequelæ* of the inhalation of ether.

Every surgeon, who has had an extensive practice, must have seen patients die after a severe operation, when death could not be explained by any pathological lesion. Still this is not a common occurrence; and when such a case occurs after the administration of ether, it is natural to look for some connection which this may have had with the fatal result. During the last week I have seen two cases of this kind, both occurring in the service of M. Velpeau. Velpeau, in his remarks on these cases, considered the fatal result of the first operation to be more than probably caused by the ether; the death of the second patient he did not think had any connection with this. I will give you a brief statement of the two cases, so that you can judge for yourself. The first case was an extirpation of an encephaloid tumor, which had existed eight months, about the size of the fist, from the left breast of a woman, 45 years of age, of a strong constitution, and whose cellular and muscular systems were well developed, and who, apart from the tumor, presented no symptom of the cancerous diathesis. She however stated that she was asthmatic. The operation was performed on the 3d of May. The patient was etherized with great difficulty, and did not become insensible until after inhaling the ether for eighteen minutes. The operation lasted four minutes; four or five arteries were tied, and the patient lost but little blood. On recovering from the state of insensibility, she said that she had suffered no pain, and seemed to be very well satisfied with the result of the operation. The next day she was comfortable, had slept well, pulse calm, general appearance satisfactory; complained, however, of a pain in her back, which was attributed by Velpeau to the bandage having been twisted a little. She died on the fourth night after the operation, having presented no particular symptom except pain in her back and a little crepitous rale in the lower part of her back, but no dulness on percussion or pain in the side; intelligence perfect to the last. On examination of the body, the brain presented nothing but a little injection of the medullary matter of the brain; abdomen normal; the lungs presented posteriorly a little hypostatic congestion; the bronchi were remarkably flaccid and slightly red.



The second case was a cancer of the right testicle, the size of the fist, and which was already ulcerated in a place the size of a dollar on the right side. The man had the general appearance of the cancerous diathesis, but no glands could be felt in the iliac region. The operation was performed on the 5th of May. The patient became insensible after inhaling the ether six minutes. The operation lasted eight minutes, and he continued to inhale the ether nearly the whole time. The tumor extended into the iliac fossa, and the spermatic cord was dissected up the whole length of the canal, and tied as far in the iliac fossa as the finger could carry the ligature. Very little blood was lost. Four small arteries were tied, and the wound filled with lint. After the operation, the patient remained in a state of semi-intoxication for some time. He would not believe that the operation had been performed, till he was shown the tumor.

The next day he had passed a comfortable night, had no fever, general appearance good. The 7th he had a little fever, diarrhœa and nausea, and a pain in the lower part of the abdomen. The 8th, worse; the diarrhœa still continues; vomiting of greenish matter since yesterday evening, and an acute pain in the iliac fossa, but the abdomen not swollen. The wound, which was dressed to-day for the first time, appeared to be doing well. He died during the night. On examination of the body, a portion of the epiploon was found glued to the opening of the internal ring, and suppurating; a small quantity of pus was found on the inside of the peritoneum, surrounding the inflamed portion of epiploon, and an effusion of a small quantity of blood in the cavity of the peritoneum.

Although Velpeau did not attribute the death of the latter patient to the inhalation of the ether, yet he considered the lesions found on examining the body not to be sufficient to account for the death, and there was something obscure that could not be easily accounted for.

I have seen several cases of death in patients to whom ether had been administered, but my attention not having been directed to this point before, I did not take any notes of examination of the body. I would suggest that in such cases attention should be directed to the lungs. Yours, &c.

*Paris, May 15, 1847.*

HENRY BRYANT, M.D.

#### DR. DICK'S ALPHABETICAL NOTICES OF SUBJECTS CONNECTED WITH THE TREATMENT OF *DYSPEPSIA*.

[Continued from page 333.]

**COLIC.**—Colic is a generic name for several diseases of various origin and nature, and only agreeing in having their common seat in the intestinal canal, and perhaps, also, in being each accompanied by pain.

We do not revert to cardialgia, sometimes named, and not in exactly in some respects, stomachic colic; it we have already noticed. (See p. 269.)

The principal varieties of colic are—bilious colic; spasmodic and flatulent colic; a third variety, for which we would suggest the name scybalous; lead or painters' colic; vegetable, Poitou, or Devonshire colic; and lastly, infantile or meconial colic. In this enumeration, we

have left out *volvulus* or *ileus*, because this is often, or always, but an aggravated form or consequence of some one or another of the varieties now named. Nor have we thought it necessary to allot a separate place to colic arising from intestinal or hepatic concretions, and other rare causes.

1. *Bilious colic* is generally the consequences of a profuse action of the liver, the bile being, at the same time, of morbid quality, and irritating in its effect on the mucous membrane. In some diseases, as is remarked by Dr. Prout, the bile is acid; in some instances, it is so to such a degree as almost to excoriate the lips when vomited, and to cause severe *ardor ani* when evacuated downward. This change may depend on some excess or morbid alteration in the oleic acid. Again, the bitterness of the bile sometimes increases to an acrid degree, depending on some morbid change in the biliary resin. It is easy to understand how a fluid so corroding in its action will irritate, if not inflame, the mucous surface of the intestine, and provoke spasmodic contraction or violent peristaltic or anti-peristaltic efforts, in its muscular coats.

The treatment is simple:—Total abstinence, *pro tempore*, from stimulant food and drink; the ample use of warm diluents, which, on first being taken, may act as emetics, and no harm, but rather advantage, if they should; then, gentle oleaginous laxatives and enemata. Both the laxatives and enemata may have, if griping is severe, a few drops of the tincture of *hyoscyamus* or of *opium* added to them. In France, infusions of *chicory*, *taraxacum* and *lettuce*, to which acetate of potass is added, are recommended.

In severer cases of bilious colic, a chillness, like the cold stage of fever, sometimes comes on. Against this, a hot bath is the best means, by which also the colicky pains are generally much alleviated.

2. *Spasmodic, or nervous and flatulent colic*.—These have many points of resemblance. If no signs of inflammation are present, they are to be treated by anti-spasmodic and carminative draughts and enemata, and by warm abdominal frictions. The following are the substances we must principally rely on: *valerian*, *assafoetida*, *musk*, *castoreum*, *galbanum*, *belladonna*, *camphor*, the aromatic waters and oils, as those of *anis*, *fennel*, *pimento*, *carraway*, &c.

3. *Scybalous colic*.—In this variety, irritation of the mucous membrane of the bowel, even of a sub-inflammatory or inflammatory kind, may be caused by the prolonged contact of *scybalæ*; and either obstinate torpor of the gut, with constipation, may ensue, or, what is more to be dreaded, anti-peristaltic action may commence, ending in dangerous or fatal *ileus*.

In this case, oleaginous laxatives, such as *castor* and *olive oil*, must be given, and that in a manner least likely to excite nausea; since thereby the tendency to anti-peristaltic action may be increased. Copious oily enemata, aromatized so as to excite the downward action of the bowels, should, at the same time, be assiduously employed. All drastic purgatives should be abstained from.

4. *Lead or painters' colic*.—The treatment of this disease, practised in a principal hospital of Paris, and which is often successful, is as follows:—



**First day.**—In the morning, a purgative enema is administered, consisting of the following ingredients :—An aromatic electuary, containing scammony, thirty parts ; senna, eight parts ; syrup of buckthorn, thirty parts ; jalap powder, four parts ; boiling water, 125 parts. During the day, a tisane, made from cassia, sulphate of magnesia and tartar-emetic, is taken ; and in the evening, an anodyne (?) enema of walnut oil and red wine, succeeded by a *bol calmant*, consisting of a drachm of theriaque (a senseless medley of almost every known anti-spasmodic, tonic and narcotic) and one grain of opium.

**Second day.**—This day commences with an emetic, consisting of two thirds of a grain of tartar-emetic in eight ounces of water, divided into two doses, and taken at the interval of an hour. In the course of the day, a sudorific tisane is drank, composed of a decoction of somewhat more than six ounces of rasped guaiac in one pound and a half of water ; this being boiled down to half that quantity. In the evening, the “calming bolus” (see first day) is repeated.

**Third day.**—This day commences with a laxative sudorific tisane, consisting of an ounce of guaiac, half an ounce of sarsaparilla, a drachm or so of sassafras, the same of liquorice, half an ounce of senna, and so much water as to form, when boiled and strained, about half a pint of decoction. Soon after, a purgative potion is administered, consisting of an aromatic electuary, containing scammony, a drachm of jalap, two drachms of senna leaves, seven drachms of syrup of buckthorn, and one pound of boiling water. In the evening, the anodyne enema (see first day) and calming bolus (see ditto) are repeated.

**Fourth day.**—The same routine as the third.

**Fifth day.**—During the day, the sudorific tisane is given (see second day) ; at 4 in the afternoon, the purgative enema (see first day) ; at 6 o'clock in the evening, the anodyne enema (see ditto) ; and at 8 o'clock, the calming bolus (see ditto) are successively taken.

If the disease has not now yielded, the above whole series of treatment is repeated (only the emetic solution is omitted), and is continued until the abdominal pains are removed, and the patient goes regularly to stool.

It must be owned that the treatment now detailed is very methodical, and is a not unskilful *melange* of means calculated to stimulate the bowels, and to quiet them and relieve their spasmodic action alternately.

Alum and sulphuric acid, also, undoubtedly possess something like specific powers in the treatment of lead colic. Kapeler recommends from two to four or five drachms of alum to be dissolved in five ounces of a demulcent jalap, and this to be taken in doses of a spoonful every hour. In Germany this is much used, and is very successful. Dr. Copland states that he has uniformly succeeded by means of alum, which, however, he combines with camphor, cayenne pepper, and occasionally opium, and assists with oleaginous clysters. Gendrin recommends, as a prophylactic to operatives engaged in lead mines or manufactories, a sulphuric acid “lemonade,” as he calls it, consisting of a drachm or two in a pint or more of water, sweetened so as to make it agreeable, and taken in quantities of twelve or sixteen ounces a-day.

Besides the means now enumerated, elaterium, croton oil, calomel, and many things else, have been suggested and tried, in lead colic, with various results. We should, however, ourselves prefer the French treatment above detailed, or the aluminous treatment, which, it may be observed, "more certainly" (to use Dr. Copland's words) "opens the bowels than any other."

5. *Vegetable, Poictou, or Devonshire colic*.—This has been erroneously supposed to arise from the use of cider or acerb fruits. While, no doubt, such may be occasionally its origin, yet a colic precisely similar arises from totally different causes, as cold feet, &c. We must combat it by hot fomentations and the conjoint use of mild laxatives, as castor oil, and opiates, or at least anodynes, and by oleaginous and anodyne enemata.

6. *Meconial colic*.—Castor or olive oil, with hot fomentations to the abdomen, and mucilaginous injections, will usually speedily relieve this species. Indeed, half an ounce of syrup of the rose in the evening, and the same quantity in the morning, will often be all that is required. Sometimes, however, what Canstatt calls "deutero-pathic" eclampsia is the result, demanding more active treatment. See the chapter entitled "Topographische Pathologie einzelner nerven und nervengebiete," in his *Special Pathology and Therapeutics*, pp. 370 et sequentes.

We do not refer to colic from unhealthy lactation in the mother or nurse, nor to colic which has passed, as every species of it occasionally does, into ileus, enteritis and peritonitis. The treatment of these severe forms of disease was not contemplated in this series of papers. I may observe, that in the *Lancet* for March 25, 1843, Mr. Doughty, of William street, Knightsbridge, reports a very serious case of ileus which I treated, and fortunately with success. On referring to the details of the case, I notice that the following were the principal points of the treatment:—calumba and opium to arrest vomiting, an object of importance in all such cases; then a turpentine enema, with castor oil; on the following day, six ounces of quicksilver (by mouth), and sixteen ounces of the tobacco enema, administered by Mr. Doughty; this caused syncope and cold sweat. On the following day, eight more ounces of quicksilver were given, and tobacco smoke to the extent of five or six whiffs, on that, and again on the following day, by Mr. Doughty. Lastly, an assafoetida enema. "After the latter," writes Mr. Doughty, "we began to have copious stools, and the whole of the mercury passed."

I may observe, that before I was called to this case, stercoraceous vomiting had decidedly set in. My object in ordering the tobacco infusion and smoke enemata was to favor the reduction of any obscure hernia or muscular spasm of the bowel which might exist. I also directed that the attendants of the girl should, after she had taken the crude mercury, frequently raise her up in bed (she was too feeble to raise herself) to alter her position from one side to the other, from the back to the belly, and *vice versa*, with the view of favoring the gravitation of the mercury to the lower bowels. The issue of this case was extremely gratifying to me, inasmuch as I had despaired of a successful one. Had it proved unfavorable, I should now, at least, perhaps have been disposed to blame some



parts of the treatment as too energetic. However, the desperate aspect of things appeared to justify a prudent rashness, and as the issue *was* fortunate, I am not called upon, on this occasion at least, to practise the duty of self-stricture.

# ON UVA URSI, OR BEARBERRY.—(AN INAUGURAL ESSAY.)

By J. Curtis C. Hughes.

THE *uva ursi* is a low evergreen shrub, with long trailing stems. The leaves are short, oval, oblong, cuneate, smooth, shining, of a dark-green color on the upper surface. On the under surface they are of a lighter color, and traced with veins of net work. When fresh, they are void of smell, but when dry and bruised they have the odor of hay. The flowers are of a reddish white color. The fruit is a round berry. It is green at first, but when ripe it becomes red. The leaves are used for tanning, and would form a good substitute for sumac. This shrub inhabits northern Europe, Asia and America. It flourishes in a cold and barren soil. Our market is supplied from New Jersey.

*Medical Properties.*—*Uva ursi* is an astringent tonic and diuretic. As an astringent it is applicable to all the purposes for which the vegetable astringents are used. The principal use of this medicine is in chronic affections of the bladder and kidneys. It has been used with success in strangury, with discharge of mucus; and also, in gravel, by a direct action on the kidneys, and by giving tone to the digestive organs, in diabetes, gleet, fluor albus, menorrhagia, and pulmonary consumption. The dose of the powder, ℞j. to ℥j. Of the decoction, f ℥j. to f ℥ij., made by boiling 1 oz. of *uva ursi* with a pint and a half of distilled water, to a pint. Of the extract, grs. v. to grs. xv.

*Chemical History.*—1st. Two ounces of *uva ursi* in powder were treated by displacement with six ounces of alcohol. The resulting tincture was of a dark-green color, and when evaporated to the consistence of a syrup, globules of a fixed oil floated on its surface, and on the sides of the dish a brownish matter was deposited, consisting of tannin, extractive and resin. After removing the fixed oil, the extract was treated with water, which dissolved the tannin and extractive, leaving an undissolved portion, consisting mainly of resin and chlorophylle; soluble in alcohol and ether, and insoluble in acids. The watery solution of the extract was largely precipitated by tincture of muriate of iron.

2d. *Uva ursi*, when treated with ether by displacement, affords a deep-green tincture, which leaves a greenish extract by evaporation, composed of tannin, chlorophylle, resin and fixed oil. The extract, treated with water, is deprived of tannin, and the filter absorbs the oil, leaving the resin colored with chlorophylle on the filter.

3d. Two ounces of *uva ursi* were macerated with acidulated water for twelve hours. The liquor was then strained, and the residue boiled for twenty minutes three successive times in a pint of water. It was then displaced with water until it passed off nearly colorless and tasteless, and

afterwards with alcohol until it ceased to remove any portion. It was then dried and weighed one ounce, showing about fifty per cent. of lignin. This was without taste or odor, very brittle, readily decomposed with sulphuric acid, forming a thick black mass.

4th. Six ounces of uva ursi having been bruised and macerated in water for six hours, were then transferred to a retort placed in a sand bath; a solution of common salt was added, and a receiver adapted. The distillation continued for five hours. There was about a pint condensed in the receiver during the operation. The liquid in the retort was of a dark-brown color, but that which passed over was colorless; a light-colored oil collected in globules on the surface of the distilled liquid, having a very pleasant odor.

5th. An infusion was made of two ounces of uva ursi with a pint of water. The infusion was precipitated with a solution of gelatin, forming tannate of gelatin, and the infusion was filtered. To a portion of the filtered liquid a solution of subacetate of lead was added; it produced a dull white precipitate. With lime water, a yellow, showing the existence of gum. To a second portion of the liquor a few drops of protochloride of tin were added, producing a white precipitate; with nitrate of silver, a brown one, denoting the presence of bitter extractive. To a third portion a few drops of tincture of muriate of iron were added; it turned black, proving the existence of gallic acid. Starch could not be detected with tincture of iodine.

Ashes of uva ursi were tested and found to contain potash and lime.

6th. One pound of uva ursi was macerated in water for twelve hours, and displaced until two quarts of liquor were obtained. The tannin was precipitated with a solution of gelatin, and filtered. The liquor was evaporated to dryness, the extract remaining dissolved in strong alcohol, and treated with purified animal charcoal for twenty-four hours. It was then filtered, evaporated, re-dissolved in absolute alcohol, and treated with purified animal charcoal for twenty-four hours; filtered and crystallized by spontaneous evaporation. The crystals were pressed, re-dissolved in absolute alcohol, treated with animal charcoal, filtered and crystallized by spontaneous evaporation. This substance crystallizes in transparent, colorless, needle-shaped prisms, soluble in alcohol, ether and dilute acid. It will not dissolve in essential and fixed oils. Its aqueous solution is precipitated by subacetate of lead and carb. potash; lime water, and tincture muriate of iron do not affect it. It is neutral to test paper, and combustible. One grain acted as a powerful diuretic.

From the experiments here detailed, it may be inferred that uva ursi contains tannin, gallic acid, gum, resin, bitter extractive, volatile and fixed oils, lignin, and a peculiar principle, which, as it embodies the diuretic power of the leaves, may be called *ursin*. This principle is worthy of a further investigation, particularly as to its chemical relations and medicinal powers. If it should prove to possess, in full, the useful properties of the plant, it may become a valuable agent in the hands of the practitioner.—*The American Journal of Pharmacy*.



## ON THE CURE OF VESICO-VAGINAL FISTULA.

By Joseph Pancoast, M.D., Professor of Anatomy in Jefferson Medical College.

AT your request I send you a brief notice of a new mode of operation for the cure of urethro and vesico-vaginal fistula, which I have successfully employed in two cases, a more detailed account of which I propose hereafter to present you with. The two operations above alluded to, were respectively on patients of Professor Meigs, and Dr. Condie. In one case, there was a complete destruction of a cross section of the whole urethral structure, at its juncture with the neck of the bladder; in the other there was an elongated orifice in the *bas fond* of the bladder, which would more than admit the end of the finger.

The peculiarity of the operation consists virtually in attaching the two sides of the anormal opening firmly together, on the principle of the tongue and groove, so as to get four raw surfaces in contact, and thus increase the probabilities of union by first intention. For this purpose it is necessary that the margins of the fistula should have considerable thickness; and when not found in this state, they are to be thickened by repeated applications of lunar caustic, or, better still, of the actual cautery.

Having exposed the fistulous orifice as thoroughly as possible with a Charrière's speculum from which the sliding blade has been removed, an assistant at the same time drawing the vestibulum well up towards the front of the pubis, my first object in the operation is to split the most posterior margin of the fistula to the depth of half an inch, with a sharp-pointed, sabre-shaped bistoury. I next pare off the edges of the other lip of the fistula, so as to bring it into a wedge-shape; first reverting it as much as possible with a small blunt hook, and trimming off the mucous membrane on the side next the bladder with the curved scissors or scalpel, and then detaching, in like manner, the vaginal mucous membrane, to the breadth of three quarters of an inch, along the whole extent of the lip. This is a very difficult but most important part of the process; and great care should be taken to obtain a sufficient extent of raw surface, at the two angles of the fissure, where the lips will rest merely in apposition. Having checked the bleeding by the use of astringent applications, my next object is to insert the raw wedge or tongue into which one of the lips of the fistula has been converted, into the groove which has been cut in the other, and hold them in close connection. This I accomplish, by the means of a peculiar suture that might be called the plastic, and in the same way that I have described its application in reference to some plastic operations, in my *Operative Surgery*, and in the *American Journal of the Medical Sciences*, for October, 1842. The suture threads are to be passed with short, sharp, curved needles, held in Physick's artery forceps with the handles made of twice the ordinary length.

When the sutures are knotted firmly, the tongue or wedge will be found immovably imbedded in the groove. The sutures I leave for two weeks or more, or until they become loose. A gum catheter should be kept in the bladder to prevent the accumulation of urine. To keep the

inflammation from running to a destructive height, a bladder of cold water should be applied for thirty-six hours to the vulva.

On the second day I direct the frequent injection of a solution of zinci. sulph. into the vagina, in order to increase the tone of the parts. On the third or fourth day I apply to the line of union a solution of lunar caustic with a camel's hair pencil. This application should be made twice in the twenty-four hours, the solution being gradually increased in its strength. Union by first intention may be expected to take place under this treatment to a considerable extent; at such points as it should fail to occur, union by second intention is to be promoted by the use of lunar caustic in substance, so as to raise a bed of granulation on the raw surfaces of the lips, while they are held in contact by the plastic suture. Occasionally, where the fissure is large, it will become necessary to repeat the process after a partial success has been obtained by the first operation.—*Medical Examiner.*

---

CASE OF POISONING BY ARSENIC, SUCCESSFULLY TREATED WITH  
FRESHLY-PREPARED HYDRATED-PER-OXIDE OF IRON.

By C. A. Hall, M.D. Northampton, Ms.

WHITE oxide of arsenic had been obtained for destroying rats. The label and the paper containing it had been partially destroyed by the corrosive action of the arsenic, and it had been poured out into a tea-cup, and put aside to be re-labelled at some future time. Subsequently, the family removed to another house, and in the confusion arising therefrom, the arsenic was placed near a tea-cup of the same color containing super carbonate of soda.

On the 25th of December, 1846, half a teaspoonful of the arsenic, probably about eighty grains, mistaking it for the sup. carbonate of soda, was put into a pudding, the greater part of which was afterwards eaten by two persons. In less than half an hour, severe and distressing sickness came on, with vomiting and great prostration. Being alone in the house, and unable even to raise a window to call assistance, they remained for some time in this dangerous situation. Fortunately, a sister who had been absent, returned home, and in a few minutes afterwards I was at the house. Finding that arsenic had been taken in so large a quantity, and knowing of but one perfectly effectual antidote, I at once proceeded to prepare a quantity of the hydrated-per-oxide of iron, which I administered with an unsparing hand. In less than half an hour decided relief was obtained; the retching and vomiting, though still kept up, occurred at longer intervals, and with less severity. The pain and faintness continued more or less during the night, yet the relief already apparent, induced me to continue the use of the antidote. The next day the vomiting occurred but once or twice, and in one only of the persons. In the mean time, however, a new train of symptoms came on. The tongue was swollen, there was a burning pain and considerable inflammation in the throat, accompanied with great thirst, and in one of the cases with



hiccough, and much tenderness of the epigastrium. The evacuations from the bowels were dark and offensive, and attended with pain and tenesmus. There was for a long time great prostration of strength; indeed, neither of the persons have felt quite well until within a few days.

I am induced to make these cases public, not only to give additional evidence of the efficacy of the *freshly-prepared* hydrated-per-oxide of iron, as an antidote to poisoning by white oxide of arsenic; but, also, since it is well known that the remedy is of little use except when *freshly prepared*, to urge it upon every medical man, not only to bear in mind how it is prepared, but actually to go through the manipulations, and prepare it, once at least, for himself. Then, when it is wanted, as it always is in haste, and when there is no time to look for specific directions, he can prepare it more dextrously, and with no doubts or misgivings as to its purity.

Lest there be some one of your readers who has not a formula for preparing the hydrated-per-oxide of iron, I subjoin that of the last edition (1845) of the U. S. Pharmacopœia. It has been well suggested that the articles for making it should be kept in vials, in the proper proportions, ready for use at a moment's notice:—"R. Sulphate of iron,  $\mathfrak{z}$  iv.; sulphuric acid,  $\mathfrak{f}$   $\mathfrak{z}$  iijss.; nitric acid,  $\mathfrak{f}$   $\mathfrak{z}$  vi. or q. s.; solution of ammonia, q. s.; water, Oij.

Dissolve the sulphate of iron in the water, add the sulphuric acid, and boil the solution; then add the nitric acid in small proportions, boiling the liquid for a minute after each addition, until the acid ceases to produce a dark color. Filter the liquid, allow it to cool, and add solution of ammonia in excess, stirring the mixture briskly; wash the precipitate with water until the washings yield no precipitate with chloride of barium."

In the foregoing case I used no sulphuric acid. I did not filter the liquid or wait for it to cool, nor did I stop to test it with chloride of barium; but washed it three or four times with water, poured it on cotton cloth, and administered it while hot. Doubtless the better plan would be to follow the directions of the Pharmacopœia.—*Buffalo Med. Journal*.

#### MEDICAL BIOGRAPHIES.

[THE Address by Dr. E. K. Hunt, of Hartford, before the Connecticut Medical Society, at their late annual meeting, contains the following just observations on a matter to which we have often alluded, and which does not receive the attention it merits.]

There is another topic which has hitherto engaged little attention from the members of the profession, and none at all from our Society, whether State or County; one, too, that deserves special notice at our hands. I refer to the biography of the honored dead. Many of our profession, who have served faithfully, with eminent ability, and distinguished success, the people of their generation, have gone down to the grave and been forgotten, because no friendly hand has appeared to record their names and merits. Contemplate for a moment the history of our profes-

sion in this State. It is almost a blank. The dark waters of oblivion roll over it. Were one of us to attempt to-day, the task of writing a medical history of Connecticut, what authentic material could he command wherewith to accomplish the work? Exceptions, it must be admitted, here and there exist, which, perhaps, we as often owe to a grateful patient, who has himself been rescued from impending death, by him to whom he offers this tribute of affectionate remembrance, as by one of our own number. Gentlemen, can we afford to part with the well-earned fame of these noble men, who have gone before us, at so cheap a rate? Is it not unkind, unfeeling, for the sons and successors of such sires and predecessors, thus to manifest towards them such marked indifference? Call to mind, I pray you, some worthy professional neighbor and friend, whom, a few years ago, you well knew, and had long known, but who is now dead, and consider the difficulties that would meet you on every hand, were you to attempt to portray his life, as exemplified among the people of his charge? The lineaments of his long-familiar face, his carriage and general appearance, have imperceptibly faded from your recollection, crowded into the back-ground of your memory, by the pressure of thick and ever-coming events; while the characteristic features of his mind, his peculiar sayings, his professional views and practice, his manner with the sick, the general habits of his life, these, which reveal all that is truly interesting and valuable of the man, these are still less distinctly retained in your treacherous memory. Thus, he too, however dear in life, and however heartily mourned in death, will soon swell the long catalogue of the forgotten dead. You can but admit, that this ought not so to be; that there are names "whom we should not willingly let die." The past we cannot recall. It is gone, laden with the rich treasures of departed worth. But the present is ours, and the future, as it relates to this topic of mournful, yet pleasing interest, is subject to our control. Can we not make provision now, against a contingency which we all deeply deplore? I am sure the question meets a ready and cordial response from every heart, that we can and must. What then shall it be? It must be simple, yet effective, and pervade the entire State. Permit me to suggest, that a committee be appointed at each annual meeting, in every county, who shall be charged with this sad duty, and furnish at the end of the year, at the next annual meeting, the names, together with a suitable biography, of those who have, during the interval, "rested from their labors."

The papers prepared by them, well and carefully preserved in the archives of each county, will furnish rich and ample material, wherewith to illustrate every succeeding period of our professional history. In order to subserve the great purpose for which they are designed, these biographies should be both discriminating and truthful, to a greater degree than is usual in writings of this class. Avoiding carefully the language of exaggeration, to which the feelings of friendship so strongly incline, those to whom this task is assigned, should select, for preservation, the leading incidents and events in the life of the person they would commemorate, together with his distinguishing characteristics, "extenuating nothing, nor



setting down aught in malice." To the elder members of the profession a measure of this kind would, moreover, be highly acceptable, by furnishing them an occasional opportunity to go back into the past, to refresh their recollections of departed friends—to live over again the days of other years—while to the young it will prove a strong incentive to honorable effort, and the faithful discharge of duty.

---

#### EXPERIMENTS WITH THE SULPHURIC ETHER VAPOR.

By Horace Nelson, M.D., Lecturer on Anatomy and Physiology, in the School of Medicine and Surgery, Montreal.

HAVING bestowed considerable attention to the consideration of the *modus operandi* of the sulphuric ether vapor, I enclose the following report of experiments performed with a view of ascertaining its physiological effects. In the month of January, a "chevalier d'industrie" visited Montreal, to speculate on the sale of the secret and apparatus. Both were purchased by my friend, Mr. Webster, dentist, of Notre Dame st. It was determined that, in presence of some friends, and of Jones (the vender), I should try the efficacy of the ether in a series of experiments. The dog was the chosen victim, and Jones administered the vapor. In the space of about four minutes the animal was in a state of profound insensibility. I commenced my operations by cutting off a portion of one ear, which was followed by the removal of the whole organ, the dog, to all appearance, lying as if dead, no one confining him to the table. Next, an incision was made from the hind leg, following the direction of the vertebral column, and continued as far as the middle of the neck, and with the greatest facility I removed the skin from that half of the body. I then proceeded to the amputation of one of the fore legs; but before completing the operation, was called to visit a patient. On my return, more than one half hour having elapsed, re-action had taken place, and I found the dog perfectly recovered, expressing, by his deep groans, the severity of his sufferings. In this state, I cut off one portion of the remaining ear, but the result was far different; his violent efforts and cries giving every one present to understand that he was no more *sleeping*. To put an end to his sufferings, he was instantly strangled.

A few days after, I instituted another series of experiments, when I carried my operations to a still greater extent, to prove conclusively, if full confidence could be placed on the effects of the inhalation. The dog was once more the subject. In three minutes and a half he was under the full influence of the ether. The skin being removed from the whole of the body, I passed over the quivering flesh a poker heated to whiteness. Several deep incisions were made in the muscles of the back, the right leg was entirely separated from the body, excepting the vessels and nerves, and I once more applied the poker to staunch the bleeding of several small arteries; not a moan was heard, not the least starting of a nerve was perceptible; the flesh smoked and the iron hissed. By means of a crucial incision I laid open the abdominal cavity, and took out upon

the table the mass of intestines; my students had then the advantage of a demonstration of the peristaltic motion of those organs, and could observe the rising and falling of the diaphragm, assisting most powerfully the respiratory act. The intestines were cut through in different places, the liver and spleen torn and wounded, every step followed by the application of the heated poker. Finally, the thorax was laid open, several of the ribs forcibly fractured, and the intercostal muscles lacerated.

The time occupied in performing this long and severe series of experiments was nearly three quarters of an hour, during which the breathing tube was applied to the dog's mouth once every eight or ten minutes on an average. By the aid of a little ice-cold water poured down his throat, in a few minutes he perfectly recovered, turned on his side, and endeavored to lick his numerous wounds, and tried to rise, but was so much exhausted by the profuse loss of blood, that he fell back on the table. When the gentlemen present were perfectly satisfied with the happy results of these cruel and lengthy experiments, the dog was strangled.—*British American Journal of Medical Science.*

## THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, JUNE 16, 1847.

*Ship Fever.*—Both Journals of Medicine and the newspapers, generally, are bringing frightful intelligence of the extension of ship fever in Europe, and all the Atlantic ports, north of Philadelphia, in this country. Vessels are continually arriving here with vast multitudes of miserable human beings, from famine-stricken Ireland, who were both physically and morally enfeebled before commencing a voyage which disease tracks across the ocean with an unerring certainty. Complaints are made that the ship fever is by no means confined to the emigrant vessels, but that it appears on shore, clinging to the Irish emigrant, and breaking him down even far in the country, after he has escaped from the confinement of a ship hold. This is true to a degree; but had these thoughtless, head-strong, imprudent people one ray of discretion when they get on land, their sufferings would be less than they are. Cases of ship fever would be fewer in number, and less severe in character, were the emigrants influenced by the advice urged upon them by kind-hearted, benevolent physicians and others. Soon after leaving the vessel, however good their condition at the time, they seize with ravenous avidity upon every possible variety of edible that comes within their reach, to say nothing of drinks—and the result is a sudden engorgement of the stomach. Nature seeks relief from this plethora, in some instances by a diarrhœa; in others, a peculiar state of the system is induced, remarkable for the turbulence of the blood, which seems to boil and foam in the vessels—and this is ship fever, with all its bad concomitants.

Bad food, and the huddling together of men, women and children in the hold of a ship for weeks, engender the disease which is brought to our



shores. When those who have escaped the action of a poisoned atmosphere between decks, afterwards sicken on land, exhibiting the same degree of intensity in the symptoms, the disease is brought on, in a majority of cases, as already remarked, by the uncontrolled appetites of the victims to the malady.

A constant professional intercourse with multitudes of Irish emigrants, who arrive in the port of Boston, furnishes opportunities for witnessing ship fever in all its phases. The only efficient remedy, certainly the first source of relief, is a fresh atmospheric exposure. It is delightful to contemplate the changes effected by this simple process. Very little medication is required in the management of patients from sea. Of the kind of treatment most satisfactory with the other class, those sickening from over-eating, and other irregularities, there may be a variety of opinions. The disease terminates fatally, very quickly, at sea; but the worst forms, on being removed to cool, airy apartments on shore, are at once ameliorated, unless the low, muttering delirium exists. Under such circumstances, a recovery is exceedingly doubtful. Petæchial spots, referred to by foreign authors, have in no instance, thus far, been observed on those dying here.

Next—is the disease infectious? Does it re-produce itself in persons exposed to the emanations from those laboring under it? These are questions seriously agitated by the mass of the people. Many persons consider that it is not thus propagated, but that it is only generated in the manner represented in these observations. Fatigue, debility, a tainted atmosphere, or badly-ventilated apartments, together with direct exposure to those in the advanced stages of the fever, without doubt, may produce it. Hence cases are perpetually occurring in public institutions, where foreign paupers are admitted, and in narrow streets, and old decaying tenements where emigrants congregate on reaching the city. The views of correspondents on this engrossing topic are solicited, since the public health should not be neglected by medical practitioners.

---

*Pamphlet War—Discovery of the Effects of Ethereal Inhalation.*—Nothing has occurred of late, in circles purely medical, more exciting than the contest going on at this moment in regard to the discovery of the effects of inhaling ether. By-and-by some poetaster will amuse the public with a song upon the subject, or perhaps a mock heroic poem. There are materials enough for a farce already developed, that would equal the incidents in Dr. Hopkins's story of the Battle of the Kegs; and yet the contest is far from being decided. Money, the sum of earthly good in the estimation of a large part of mankind, is now hardly alluded to in the controversy. Honor is ostensibly the prize to be won.

In commenting upon this important discovery on a former occasion, it was suggested that belligerent operations would occur, and that a war of pamphlets was to be apprehended. Small arms, here and there, in the medical journals and newspapers, indicated active preparations. A heavy cannonading has finally commenced between the hostile forces, and three large pamphlets have been discharged into the very midst of the reading community, filled with all manner of inflammatory materials. No one has yet been killed, although some have felt themselves severely injured by these extraordinary literary explosions. Two distinct parties are arrayed against each other, determined neither to take or give quarter; and then

there is a third force organized in Connecticut, that fights on its own individual account against the pretensions of all others. All this is far better than duels or prosecutions for libel, because an aggrieved aspirant for fame has nothing to do but sit down quietly in his library and concoct his most deadly arguments, and, at his own private convenience, bombard the enemy with facts and reasons intended forever to lay him low in the great world of science. One of the pamphlets referred to has reached a second edition, which is equivalent, in the language of the camp, to an arrival of fresh troops. Another curious feature in this singular onslaught by the pen, is the fact that the field to be won, and which each party has especially in view, is Europe—those particular countries, too, which reward distinguished benefactors of mankind the most liberally by parliamentary grants, special medallions, and such like displays of generosity towards men of genius and science. Occasionally, in all the pamphlets, something instructive may be found, which may be of use on future occasions; but we are anxious that nothing relating to the controversy between the claimants to the discovery of the new mode of administering ether, calculated to engender angry feelings, shall have admission into these pages. Cases in which it was successfully or unsuccessfully used are coveted from every source, because a knowledge of agents resorted to for curing the sick or relieving pain should be made known extensively; and such only, in fact, can be profitable to readers. Personal quarrelling, so apt to be a prominent characteristic of controversial pamphlets, is wholly out of our province.

The receipt of Dr. Gay's and Mr. Warren's recently-published pamphlets is acknowledged.

---

*Preservation of Decayed Teeth.*—It is interesting to trace the perfection to which ingenuity and application have brought the art of preserving the teeth from the natural progress of decay, when they once become diseased, by filling cavities. When the idea was first conceived of arresting a caries, it was considered sufficient to fill the opening with wood, iron, or even cork. Afterwards gold, silver and tin foil came into general use; and the first, in all human probability, will never be discarded. The physiology of the organs of manducation is now more thoroughly known than ever before, and the learned in the dental art have fully settled down upon this one fact, that gold, and nothing else, can be permanently relied upon for plugging. This point being settled, the next inquiry is—how should the precious metal be prepared to best fulfil the intentions of the operator?

Reference was made, some months since, to Dr. C. T. Jackson's discovery of a process of rendering gold flocculent and more yielding than it has heretofore been prepared. It short, it has been said, by competent persons, that a desideratum has been achieved in the preparation of gold, and that Dr. Hitchcock is now putting in practice the improvement at his dental establishment in Court street, with much satisfaction. Although knowing but little of the subject from personal observation, it is always gratifying to record whatever advances are made in the economical arts, or in the more general departments of science.

---

*Fourth Annual Meeting of the American Institute of Homoeopathy.*—This association convened at the Masonic Temple, Boston, Wednesday, 9th



instant, at 10 o'clock, A. M. The meeting was called to order by the General Secretary, Dr. Edward Bayard, of New York; and F. R. McManus, M.D., of Baltimore, was elected Chairman. The following gentlemen were then elected officers for the ensuing year: F. R. McManus, M.D., of Baltimore, Chairman; E. Bayard, M.D., of New York, General Secretary; R. A. Snow, M.D., of New York, Provisional Secretary; and S. R. Kirkby, M.D., of New York, Treasurer.

Reports were read on the form of certificates of membership, and on regional anatomy, by the chairman of the committees on these subjects. Communications were also read from several branch meetings in different parts of the country. J. F. Flagg, M.D., of Boston, made some remarks on the object of the meeting, and offered this resolution:—That Committees be appointed to report to the Institute, at its next annual meeting, on the following subjects, viz.:

- 1st, On the purposes and effects of blood-letting.
- 2nd, On the employment of Emetics and Cathartics.
- 3rd, On the employment of Blisters, and other external irritants.
- 4th, On the employment of Water as an adjuvant in Homœopathic practice.

At 8 o'clock, P. M., the meeting was called to order—having convened according to adjournment. F. R. McManus, M.D., Chairman, introduced to a large and highly respectable audience, Edward Bayard, M.D., of N. York, who addressed them for an hour and a quarter in an able and instructive discourse on the changes of doctrine in the science of medicine, and on the claims of Homœopathy as a system founded on an immutable law of nature, and therefore destined to endure forever.

*Thursday, 10th.*—The meeting was opened according to adjournment. After electing the committees nominated by the Chair, on the previous evening, the report of a committee which had been appointed to draft a reply to the communications of branch societies, was read by Dr. Jeanes, and accepted.

A committee was chosen (including the Chairman of the Institute) to consider the expediency of adopting some means of affording to medical students public instruction in Homœopathy, in connection with the other branches of medical science, and report to the Institute at its next annual meeting.

The meeting adjourned, to meet again, in the city of New York, on the 2d Wednesday of June, 1848.

---

*Connecticut Medical Society.*—At the annual meeting of this Society in May, the following officers were elected for the current year:—Archibald Welch, M.D., *President*; George Sumner, M.D., *Vice President*; V. M. Dow, M.D., *Treasurer*; Gurdon W. Russell, M.D., *Secretary*.

Drs. George Sumner, and Eli Ives, delegates to the National Medical Convention, made a statement of its proceedings, and the following resolution, offered by Dr. Grant, was passed.

*Resolved*, That before any person can be admitted into the office of a Physician, as a Student of Medicine, he shall furnish evidence of a good moral character, and shall be examined by the Preceptor and one of the Fellows of this Society: the examination to be upon the subjects of English education, and Greek and Latin languages. If found qualified, he is to receive a certificate to that effect, and be enrolled as a regular student of medicine.

The following resolutions were adopted :

*Resolved*, That the Medical Societies of each county be requested to appoint one or more delegates to attend the next meeting of the *American Medical Association*, which is to be held in Baltimore, on the first Wednesday of May, 1848.

*Resolved*, That a memorial be presented to the Legislature of the State, relative to the registration of births and deaths within its limits, and that Drs. Sumner, Beresford and Barry, be a committee to present the same on behalf of this Society.

---

*Uroscopian Practice*.—Absurd as this system appears, when carried to extremes, it is likely to be resuscitated in Western New York, where the soil appears to be as congenial to quackery as in Massachusetts. At Le Roy, N. Y., a firm of uroscopists notify the great public by advertisement thus. "For the benefit of those unacquainted with their method of practice, it is but necessary to say that they describe disease by the *Urine*, which must be the first in the morning, brought in a clean (at least) two ounce vial; and as a record is kept of cases described, the name and age are also required. Several cases can be sent by one person, and thereby save travelling expenses."

---

*Fossil Remains in Alabama*.—From the New Orleans Delta, the following curious facts have been taken.

"Some months ago Dr. M. W. Dickinson, of the Academy of Science, was sent from Philadelphia for the purpose of investigating the geology of the Valley of the Mississippi. Dr. Dickinson's discoveries have opened new paths for the rumination of the student in this all-important science, and reflected well-earned honors on himself. Very lately Dr. Dickinson made a tour of inspection through that portion of Alabama in which abounds the rotten lime-stone formation. This is particularly the case in the vicinities of Clark, Washington and Claiborne counties, in that State. Heretofore, this formation has been considered by geologists as a detritus from shells, &c., but by the power of glasses it has been proved to be entirely different. Dr. Dickinson informs us that it is a huge coral reef, whose gigantic branches shoot up several feet into a beautiful arborescent form in its original bed of the primeval ocean. At its base are the fossil remains of the huge zugoldon, sharks, flies, &c., many of the former from forty to one hundred feet long, winding in serpentine form among the coral. Below this were found the remains of an extensive sea, the bottom of which was lined with shells, varying from twenty to thirty feet, in a fine state of preservation. These beds yielded a great variety of shells, many of which may be still found in our present seas, and hence must have been of comparatively recent formation. Below this was found a huge oyster bed, imbedded in a blue marl or clay, in their original position. Some of these oysters measured fifteen inches in length, and weighed from ten to fifteen pounds. Succeeding this stratum were found the bottoms of several ancient seas, lakes and rivers, all yielding numerous fine fossils. Many of these fossils Dr. Dickinson has forwarded to the Academy of Natural Sciences in Philadelphia."

---

*Ethereal Tincture of Opium*. To THE EDITOR.—Sir,—In a late No. of the Medical Journal my name is referred to in a communication by Dr.



Smilie. He says he made known to me his experiments with the ether before it was brought before the public. It is due to Dr. S. to say that this is true. In the spring of 1846, Dr. S. related to me that he had used a preparation of ether and opium to be inhaled for medicinal purposes, and the result was so peculiar in diminishing sensibility, that he afterwards used it in performing a surgical operation. It is true that Dr. S. had used the ether, to be inhaled, for some purposes, and had suggested the use of it in the same way for overcoming pain while dental operations were being performed, before it was made public by Dr. Morton. Your ob't serv't,

Boston, June 5, 1847.

JOHN CLOUGH.

*Resident Physician at the Beauport Lunatic Asylum.*—We are happy to learn that Dr. Von Iffland, lately of Yamaska, has received the above appointment. A resident medical officer, at this institution, which is situated several miles from the city of Quebec, was imperatively required, and we are glad that a selection has been made of one who, from his well-known talents, is so well qualified to discharge with ability the important trust confided to him.—*British American Medical Journal.*

*Medical Board of the Montreal General Hospital.*—At a meeting of the Board of Governors of this institution, held on the 11th inst., the medical staff was increased to the number of twelve, by the election of the six following gentlemen :—Drs. Arnoldi, Badgley, Sutherland, McCulloch, Fraser and Scott. The medical staff now stands as follows :—Consulting Physician, A. F. Holmes, M.D. ; Attending Physicians, O. T. Bruneau, M.D., A. Hall, M.D., G. W. Campbell, M.D., J. Crawford, M.D., S. C. Sewell, M.D., R. S. MacDonnell, M.D., Francis Badgley, M.D., F. C. T. Arnoldi, M.D., W. Sutherland, M.D., M. McCulloch, M.D., W. Fraser, M.D., and W. E. Scott, M.D. Dr. George E. Fenwick was appointed apothecary to the institution, in room of Dr. G. D. Gibb, who retires.—*Id.*

*Medical Miscellany.*—Dysentery was spreading rapidly at Jalapa at the last accounts.—A catalogue of the Vermont Medical College, gives a list of ninety-six students who have attended the late course of lectures. The institution is exceedingly prosperous.—Cases of vomito have appeared at Vera Cruz.—A circular from the Berkshire Medical Institution, for 1847, is out. The lectures will begin on Thursday, August 5th—close at hand.—Cases of smallpox have recently occurred in several places in New England.—Ship fever has shown itself in the track of emigrants at remote points in the country. At the quarantine ground, Quebec, the mortality by the disease is represented to be alarming.

TO CORRESPONDENTS.—The paper of Dr. J. Brooks, and an explanatory note from Dr. H. Wells, came too late for insertion in to-day's Journal.

*Report of Deaths in Boston*—for the week ending June 12th. 72—Males, 37—females, 35. Stillborn, 5. Of consumption, 4—typhus fever, 27—lung fever, 1—croup, 4—cancer, 2—scarlet fever, 1—inflammation of the lungs, 2—intemperance, 2—marasmus, 3—infantile, 4—dropsy on the brain, 1—child-bed, 3—inflammation of the bowels, 2—epilepsy, 1—accidental, 3—old age, 1—piles, 1—teething, 2—disease of the brain, 1—disease of the liver, 1—drowned, 1—dropsy, 1—quinsy, 1—small-pox, 1—convulsions, 1—disease of the heart, 1.

Under 5 years, 22—between 5 and 20 years, 10—between 20 and 40 years, 22—between 40 and 60 years, 13—over 60 years, 5.

*Case in which Death was caused by eating Raw Rice.*—Maria W—, a servant, aged 22, previously in moderate health, but pale and anæmic, was taken suddenly ill with pain in the chest, while walking out in the evening of December 17th, 1846. At half past 7, half an hour from the attack, she was suffering severe pain in the left hypochondriac region, attended by great restlessness. Percussion over the region of the stomach was not unusually loud. On inquiry, it proved that she had eaten in the afternoon, before her tea, a tumblerful of raw rice, mixed with milk, which she had been in the habit of eating, as well as arrow-root, sago, &c., in a raw state. The pain evidently arising from distention, caused by swelling of the rice in contact with the tea, and aided by the heat of the body, half a drachm of sulphate of zinc was administered as an emetic, which failing to act, was repeated after 20 minutes. The stomach was then relieved, first of what appeared to be tea and wash, and afterwards, at intervals, of a large quantity of half-swollen rice, equal in bulk to an ordinary dinner-plate, piled; and she felt considerable relief from pain. The stomach pump was not employed in this case, because it did not appear calculated to relieve the stomach of its half solid contents; in similar cases, however, it might prove useful by favoring the escape of gas. At 11 the following morning, the pain increased suddenly, violently, with cold extremities, small feeble pulse, great abdominal tenderness; and she died at 4 P.M. On examination of the body, extensive peritonæal inflammation presented itself, with deposition of lymph agglutinating the intestines, and a copious effusion of turbid serum into the cavity of the abdomen. The stomach and duodenum were empty, with the exception of a few grains of raw rice at the pylorus, and perfectly free from inflammation. The small intestines were gorged throughout with a quantity of the same raw material that she had been in the habit of eating, apparently rice, arrow-root, &c., some raw and hard, and in parts so distending the intestine as to give the sensation to the fingers of feeling a bag of marbles, and some in a half digested state. The large intestines were loaded with fæces. The heart was small, the lungs healthy. It is remarkable that the stomach was perfectly free from inflammation.—*London Lancet.*

---

*On the Treatment of Amenorrhœa.*—The remedy recommended by Lallemant consists of aloes, ergot of rye, and rue, made into pills. Every pill contains about two-thirds of a grain of each of these substances, and the number prescribed is from nine to eighteen in twenty-four hours, or from six to twelve grains of each drug in the day. If the case be recent, the proper day for the return of the menstruation is to be reckoned, and the use of the pills commenced on that day; and the pills are employed for four days. If the case is of so long standing that the proper day cannot be fixed on, the time chosen is arbitrary; but if the first trials are unsuccessful, they are to be repeated at the corresponding periods of the succeeding months. Three pills are given, morning, noon, and night, in the first months; afterwards they are gradually increased to six, at the same three periods of the day. During each of the four days of treatment, four or five leeches are applied to the vulva, and after the leeches, a vapor bath is used.—*Provincial Journal.*

The effects of this remedy must, we should think, says the editor of the *London Lancet*, depend in a great measure on the cause of the disease.



# THE BOSTON MEDICAL AND SURGICAL JOURNAL.

---

VOL. XXXVI.

WEDNESDAY, JUNE 24, 1847.

No. 21.

---

## IMPORTANCE OF PURE WATER IN CITIES.

[FROM the Annual Report on Meteorology and Epidemics for 1846, read before the College of Physicians and Surgeons of Philadelphia in February last by Dr. Moore, we extract the following statistical remarks, which, though more particularly applicable to that city, are worthy the attention of dwellers in all large towns and cities.]

Philadelphia, in the lapse of forty years, has undergone many changes. The buildings have been extended over double the space, and its population has been multiplied nearly three fold. The establishment of large manufactories, and the consequent introduction of the numerous classes engaged in the various arts, may be supposed to have placed a larger number of infants in a condition to receive cholera infantum; and that, from the absence of that care and attention so necessary for their proper nurture, and the sustaining of their vital powers, the mortality may have been probably increased; while it will be conceded, that these baneful causes are many and increasing, it cannot be uninteresting if we inquire whether there do not exist countervailing circumstances, whose character and influence ought to engage the attention of every practitioner and enlightened philanthropist.

Water is an indispensable element of life. The quality of this fluid, and the extent of the supply, have great influence on the health and comfort of every individual; that which is obtained from the pumps and wells is found to have imbibed, in its passage through the various strata of the earth, principles whereby its salubrious character is impaired. In large and populous cities the abundant filth deposited in the sinks and privies percolating through the soil, cannot fail to impart much of its noxious materials, thus contaminating the water and destroying its grateful flavor; as it flows in the rivers and streams these impurities are gradually removed, and it again becomes an agreeable and wholesome drink; hence the preference so generally given to the water procured from the latter sources to that furnished from the pumps and wells in large and crowded towns, where it is necessarily exposed to so many vitiating causes.

Aware of these sources of pollution, the enlightened citizens of Philadelphia directed their attention to the means, if possible, of removing the evil. Application was made to the Legislature, and in 1769 an act was passed whereby it was rendered unlawful to carry the privies and sinks beyond the clay found at a specified depth below the surface of the earth. The

clay, it was hoped, would prove a barrier to the passage of any impurities from these receptacles of filth. These measures did not effectually correct the evil. Other motives may likewise have been added by which the City Councils were induced to furnish the inhabitants with water from the Schuylkill; the first attempt was made in 1798, and the water was conveyed by a tunnel to the square at the intersection of Market and Broad streets; here a reservoir was erected from which the water was distributed through different parts of the city. The supply was inadequate to the general wants of the inhabitants; the water was generally turbid, and few families being provided with cisterns and filtering machines, most people resorted to the pumps to allay their thirst, and the supply from the Schuylkill was employed in cooking and many of the ordinary domestic purposes.

Until the works were erected at Fairmount and an abundant supply of water secured, few baths were to be found in private houses. From these works, a larger and more ample supply was furnished for the cleansing of the streets; the water was introduced into many of the dwellings; baths and other means greatly contributing to domestic comfort became common throughout the city. The regulations respecting the depth to which privies and sinks might be dug ceased to be published, and gradually became obsolete, without being abolished; the receptacles for filth were allowed to extend down to running water, and the offensive effluvia emanating from them were in a great measure obviated; the effect on the water drawn from the pumps was soon perceived; but by the help of cisterns and filtering machines, from the Schuylkill river a pure and limpid water was obtained, to which a refreshing temperature was imparted by the aid of ice which has now become one of the common necessities of life.

In 1826, the Schuylkill water was carried into the District of Southwark; and in the same year, the Districts of the Northern Liberties and that of Spring Garden, each received a partial supply; these districts received an additional supply, though still an imperfect one, in 1831; it was not until 1833 that any portion of this water was furnished to the village of Kensington.

During a period of ten years, beginning with 1807 and ending with 1816, the total mortality recorded amounted to 20,316, of which number 1,597 deaths are referred to cholera infantum; about seven per cent. The disease appears to have been particularly fatal in 1810, when nine per cent. of the deaths proceeded from this source. In 1816 only four per cent. of the deaths were from this complaint. Not being in possession of the annual reports since 1844, we have selected a like record of ten years, concluding with the year just mentioned; within this term we find the mortality from all diseases to have been 54,403; cholera infantum having contributed 2,589 to the list; not quite five per cent. Within this period is included 1838, when an extraordinary degree of heat prevailed during the summer months; the mean temperature of that season was 77°; the mortality from cholera infantum was great, being in the proportion of rather more than seven per cent.



The periods selected, each of ten years, are sufficiently extended to afford the means of a fair comparison. In the interval of twenty years, those important changes may have taken place in the character of the population of this city, and in their habits and modes of life, which time is observed to effect. In the lapse of nearly forty years, the population of Philadelphia and the contiguous districts has fully doubled; this accession of numbers has arisen from the congregation of persons engaged in the humbler occupations connected with the various arts and trade of a manufacturing city. The dwellings of these classes have not been improved in point of ventilation; their domestic habits have not permitted the mothers to pay more assiduous attention to their tender offspring; and yet the foul emanations from the privies having been diminished, and an adequate supply of a purer water, one of the elements so essential to health, secured, we perceive a new condition of our city, more favorable to the preservation of life in children of a tender age. This view, if correct, is a cheering one. It opens the prospect, that by due attention to the laws of hygiene, the arts and occupations of civilized life may be more extensively introduced into our cities, without impairing the health of the inhabitants.

Though but little importance can be attached to the evidence afforded by a single case, yet as it was the means of eliciting the remarks just made, the history may not improperly be introduced.

A child laboring under cholera, for the benefit of country air was removed to a place distant about four miles from the city, and situate in the direction of Germantown. The water procured from a spring on the premises was adapted to the washing of clothes, and therefore in popular language termed soft. The child did not improve as was expected, her bowels still continuing irritable. Reflecting on all the circumstances, it was supposed that the water in use might be impregnated with some salts capable of offending her tender organs, rendered particularly susceptible by previous disease. It was therefore proposed to substitute that supplied from the Schuylkill, which had become perfectly limpid by remaining for some time in a cistern. In a short time the benefit was obvious, and she soon became convalescent.

The foregoing views receive a strong confirmation from the observations presented by Dr. W. Heberden, and published in the first volume of the Transactions of the London College of Physicians. At the instance of some friends he had been led to examine the character of the water as procured from the pumps and wells of the British metropolis. The authority cannot fail to command respect, and the extracts will impart greater interest to the present communication.

“The springs in so large a city, besides their natural contents, must collect many additional impurities from cellars, burying grounds, common sewers, and many other offensive places, with which they undoubtedly often communicate, so that it is indeed a wonder that we find this water at all tolerable. The uninterrupted drinking of such waters for a long time may probably be the cause of many diseases, especially to the infirm, and to children. Hence a change of place may often be of as

much use to weak persons from the change of water, as of air." In another passage, when noticing the greater salubrity of the New River water, then lately introduced into London, he states "that when freed of this muddiness by filtration, or by the slower process of subsidence, the river is rendered palatable and wholesome." Then follows this remarkable passage. "If the water given to very young children were all of this kind, it might, perhaps, prevent some of the bowel disorders, and so contribute a little to lessen the amazing mortality among the children, which are attempted to be brought up in London."

DR. DICK'S ALPHABETICAL NOTICES OF SUBJECTS CONNECTED  
WITH THE TREATMENT OF *DYSPEPSIA*.

[Continued from page 395.]

**COLOCYNTH.**—In England, we regard colocynth as a useful and safe purgative, when properly combined and given in proper doses. In France, they have what we cannot help considering a groundless jealousy of it. There is no doubt, however, that it disagrees with some persons, causing very marked irritation in the stomach and bowels, attended with thirst, griping, &c. We have been consulted by two married women, sisters, in one of whom colocynth causes syncope, and something approaching to it in the other. It may be proper to state that these women belong to what is called the better ranks, and have many of the luxuries and enervating habits which too much prevail there. I have elsewhere quoted (see "*Derangements, Primary and Reflex, of the Organs of Digestion*," page 335) the singular and acute observation of Broussais, which I beg leave here to re-quote. "*Si l'on y fait une serieuse attention, ou reconnaitra que l'education rend les hommes plus attentifs à ce que se passe dans leurs viscères, et leur apprend à se sentir d'une manière plus exquise. L'homme stupide et à demi civilisé a quelquefois les viscères disorganisés avant qu'il se plaigne; l'homme d'esprit et celui qui est livré aux arts d'imagination, est si fidelement averti du bien etre et du malaise de ses organes, qu'il appelle toujours du secours de bonne heure.*" He adds, that in the military hospitals persons of intelligence and education always gave him much less trouble in forming his diagnosis of their diseases, than persons ignorant and stupid. Every practitioner of the slightest experience will acknowledge the justice of these remarks.\*

\* In the work above referred to I have given (pp. 334, 5) a singular case of preternatural sensibility to the action of various drugs. It was that of a lady, long subject to a very complicated form of irritability of the stomach and bowels, and who was for a considerable period under my care. She was and is a woman of superior intellectual acquirement and cultivation, and her imagination is extremely excitable. She was never married. I shall simply quote my own words:—

"Tonic medicines she detects by their producing a tightness of the temples. A grain of carbonate of iron, taken once or twice a-day for two or three days, is sufficient to cause her to complain of the sensation referred to, even when purposely kept unacquainted with what she is in the receipt of; which, to test the truth of her statement, I have disguised in every way. Sedative medicines, such as hyoscyamus, conium, &c., she detects by their producing a dryness of the tongue. Doses of ten drops of a solution of a drachm of the extract of hyoscyamus, in an ounce of orange-flower water, caused this feeling. Ten drops of a solution of a scruple of nitrate of potass, in an ounce of rose water, produces a sensation of chilliness. Five drops of antimonial wine, or the sixth part of a grain of epicacuanha, causes the most decided nausea, and sometimes vomiting."



But though idiosyncrasy may render colocynth inadmissible in a few cases, and morbid susceptibility in the ventriculo-intestinal mucous membrane may oppose difficulties in some others, yet in the majority, the extract of colocynth, combined with blue pill or rhubarb, as need may be, is an efficient and sufficiently safe purgative. Except in persons who will bear, or who require, energy of treatment, the union and simultaneous administration of aloes and colocynth demand caution, as their combined operation is occasionally harsh. Scammony may be advantageously combined with colocynth. Gamboge is often so combined by some, and many of the patent aperient pills include one or both ingredients. Neither, however, in this nor in any other combination does the writer prescribe or recommend gamboge, being satisfied, from repeated observation, that it invariably does more harm than good.

Colocynth should generally be guarded in its action by antispasmodics and carminatives, such as assafoetida, canella, cardamom, &c.

*Colon.*—We have not much to add, under this head, to the remarks on the cæcum in a former number (see p. 222), and which, to a great extent, apply equally to the colon. We have not, however, referred to the many obscure symptoms and affections of distant organs, often occasioned by loaded and deranged states of the great bowel. Thus palpitation and dyspnœa are not unfrequent consequences of impacted or greatly flatulent conditions of the colon, owing to pressure of its transverse portion on the descending aorta. From a similar pressure on the vena cava inferior, varices of the veins of the thigh and leg, swelling of the feet, hæmorrhoids, anal or uterine hæmorrhages, may result.

There is little doubt that from preternaturally sordid states of the colon absorption into the circulation of excrementitious matters takes place, causing morbid changes in the secretions, sensibly offensive conditions of the respiration and of the cutaneous transpiration, and often palpable disease of the cutaneous membrane; sometimes foul and dangerous abscesses. Further, from the prolonged contact of scybala and hardened fæces in the cells of the great bowel, ulcerations of its mucous surfaces by no means unfrequently occur, apt to lead to the most grave consequences, such as dysentery, or absorption of pus or excrement into the portal circulation, ending in either diffused inflammation or disseminated abscesses of the liver. Such results are more frequent than is usually supposed.

In ordinary cases, the best evacuant of the colon, in its loaded and preternaturally offensive state, is a bolus, at night, of blue pill, aloes and myrrh, followed next morning by a dose of castor oil, with or without a turpentine enema. Turpentine, as I have already remarked, has a most cordially stimulating and corrective effect in loaded, torpid, foetid and flatulent states of the cæcum and colon. In some cases it is necessary to repeat the above bolus, on alternate nights, for a week or ten days, before the desired subsidence and softness of the abdomen, in the track of the cæcum and colon, are obtained; by which we are assured that the great bowel is disembarassed of long-formed accumulations. A course of vegetable bitters and laxatives, such as aloes and taraxacum, and in-

jections of cinchona and oak-bark decoction, are simultaneously to be employed.

There may be some grounds to suspect that the following interesting and rather obscure case is one, partly at least, of disease of the great bowel. It is that of a highly respectable gentleman in general practice, who, though unknown to me, has been pleased to request my opinion of his case. He is 72 years of age, and resides in the country, and is unable to come to town, and hitherto I have been prevented from getting to his place. It is with his sanction that I give the following details of the case, as contained in a letter to myself. After stating, as his reason for not coming to London, that a late journey by railway had brought on hæmorrhage from "some part of the urinary apparatus," he proceeds:—

"I shall therefore attempt to describe my symptoms; and although it is most unsatisfactory, and, I fear, troublesome to you to read the details, yet I shall be thankful if you will tell me what you think of my state. I have, from time to time, consulted very many of the most eminent members of the profession, but they have not clearly understood my case, and have not relieved me. Dr. ——— thought my disease was in the cæcum; others, that it was in the colon; others, in the liver; and that my sufferings were from flatulence and acid. Mr. ——— examined the rectum more than a year ago, and found some thickening of the mucous membrane from inflammation. My motions, when figured, are rather flattened, but not small. Mr. ——— advised only opium suppositories, and not injections, and castor oil occasionally. I have a small hæmorrhoidal excrescence, and there never has been any pain in the rectum. The motions are in general healthy. I go to bed between 10 and 11, in a pretty easy state; pass some urine, and sleep till 3 or 4 in the morning, when I take a cup of tea, with a slice of bread and butter, and pass some more urine. The tea seems to soothe me; but about five or six, I am seized with a violent griping pain, great flatulence and distention, which continue for a longer or shorter time. At 8 o'clock I take two ounces of warm milk, and have soon after a pulpy motion, with some, though not much effort. I pass urine again, during which I suffer from

\* and wind. I then take half a grain of acetate of morphia, and immediately suffer from pain of the most distressing and indescribable kind. I then take breakfast of tea and dry toast, and get a little relief. I dine at 3, and take then a little mutton, mealy potatoes, suet pudding, and three ounces of brandy and water, very weak; and continue to feel easier, though distended. At 6 o'clock I take tea, and become comfortable till 5 or 6 next morning. I sup between 9 and 10, on half a pint of Reid's mild porter, and a bit of bread and butter. I have no tenderness anywhere on pressure. My tongue is pretty clean, and my pulse is only 60. I have had, for more than twenty years, numbness and coldness of feet and hands, and I have had for several months pain in my loins. Stooping is most painful to me. I also have severe pain in my shoulders, when I move my arms backward. I have also pain in the

---

\* A word here occurs, which the transcriber cannot make out.



gluteal muscles. I am 72 years old, and have been a hard-working general practitioner, but always a healthy and active man, with more than the usual share of mental sufferings."

On account of the nature of this case, and the age of the invalid, I declined giving an opinion or suggesting any system of treatment, until I have an opportunity (which I anticipate) of a personal interview.

---

#### CASES OF INHALATION OF ETHER IN LABOR.

BY WALTER CHANNING, M.D.

[Communicated for the Boston Medical and Surgical Journal.]

MRS. R., aged 18; first child. Taken with uterine pain June 10, at 5, A. M. Saw her between 3 and 4, P. M. Labor well marked—pains severe—complaint of suffering emphatic. Examination showed natural presentation, and good progress. Pains increased gradually in strength, and the head reached the outlet favorably. It here made slight if any progress. At length, notwithstanding very severe pains, it hardly advanced at all. Between 8 and 9 it reached the external organs, and the perineum was pressed somewhat forward. Here again it rested. The perineum was very slightly dilatable. Pains now diminished in force, and the intervals became longer. Still distress was great. I sent for, and exhibited ether. The pulse, respiration, and temperature, were natural. At first Mrs. R. refused the sponge, and this with much determination. At length she consented to breathe at it, and was in about a minute fairly under the influence of the vapor. The sponge was removed, and placed at a distance from her in the bed. Pains continued regular, and soon became stronger, and intervals shorter. The perineum became dilatable, and the head advanced. Some return of consciousness took place, it would seem of pain, and of the relief she had experienced from the inhalation, for without being seen she got possession of the sponge, and breathed at it with the greatest avidity, so that when discovered it was with much difficulty forced away. The child was born in four or five pains after etherization. The placenta was soon thrown off—the womb contracted well, and a swathe was carefully applied.

The return to consciousness was slow. There was exhibited more excitement than I have before met with. There was a full expression of previous most perfect freedom from suffering. A state of entire pleasure was expressed. She sung, talked, raised her arms high in the air. She did not recollect me, or anybody about her. Her child's cries, which were very loud, attracted strongly her notice. She passed her hand over her abdomen firmly, as if to learn what had happened, and her countenance expressed much surprise. Pulse continued natural; complexion good; temperature, as during labor. Some hemorrhage, but not enough to do harm. She said she was very hungry, and thirsty, and took with much relish gruel, and water. After-pains occurred in about half an hour after labor was over, with much severity, and for which I prescribed cam-

phor and opium in pills. I left her otherwise comfortable. Slight hemorrhage.

June 11th. 9, A. M.—Pulse, &c., good, no tenderness of abdomen. After-pains increased, and troubled her all night. Exist now. Great increase of pain by motion, so that I removed urine by catheter, as motion for this function she feared would give great distress. Felt better after operation. Hemorrhage considerable in night, but not sufficient to do harm. 6, P. M. More comfortable; less pain. Prescribed Dover's powder for pill. Ol. ric. in the morning.

12th. 6, P. M.—Detained by obstetric case all day, and could not see Mrs. R. before. I found her very comfortable. Oil has operated well. Night had been perfectly good. Looks remarkably well. Pulse good. Abdomen soft, free from soreness or pain.

13th.—Perfectly well. Some milk in breasts. I now inquired particularly as to consciousness during labor, and immediately after. Remembers nothing. Is surprised at questions, so wholly unconscious as they show her to herself, to have been.

June 12th.—Mrs. A. W., 25; first labor. For three weeks last past, she has suffered much from pain referred to womb. At times so severe that she thought of sending for nurse, and physician. Last night, at 12, in absence of pain, membranes broke and a large quantity of water was discharged. I was called to see her between 1 and 2, as pains had begun. I found the os uteri dilated somewhat, dilatable, very thin at its edges, and continuing so some distance towards neck. Pains regular but slight. I went to bed, to be called when needed. At 6, I found pains had continued all night. Os uteri more dilated. Went home. Called again between 8 and 9. I now found much change had occurred. Os uteri had nearly disappeared, and yielding to very small pressure. Head presenting well, and quite low in pelvis. From the severity of the pains, and the generally favorable state of things, I resolved to use ether. This was done about 9, A. M. Its first effect was excitement. There were startings, exclamations, the arms were projected. "I am dying, I am dying," said Mrs. W. I had my finger on the wrist, and carefully examined the pulse. It was about 90 before etherization. It rose to 98; and this was its number, with temporary changes, during the whole of the labor after ether. Excitement soon passed by, and a pleasant calm succeeded. The expressions were now of pleasure only. "How beautiful! how beautiful!" was the language of the labor. The state of etherization was moderately sustained during the whole day. Mrs. W. had some latent feeling about the remedy which much influenced the case. She would vehemently demand the sponge, and that it should be thoroughly wet with ether. She would put it aside, as soon as she began to feel its effects. At times, however, she would experience its full effects. She was thus by no means wholly unconscious. I mean in that degree of it as to be unaware of people and things around her. Sometimes she would say, "I know you, Dr. C.," "I know you, Mrs. F.," &c. &c.; as if to let us understand that though she was unconscious of pain, she knew all



other things. She would say, when demanding the sponge, "don't be afraid of hurting me. I know just how much I want, and will tell you when to take it away." And this was done after a manner which I have seen in no other case. The labor was delayed by the state of the perineum. It was very wide, leaving the os externum very small. Through this protruded a round mass of scalp, and a conical-shaped bony mass of skull. The occiput had fairly cleared the arch of the pubis, and still delivery did not take place. After an ointment of ext. of belladonna and simple cerate was liberally used, inside the vagina, and over the perineum, dilatation took place readily, and the child was born. There was perfect abolition of pain in this closing period of labor, and when suffering is, I may say, always so great. The womb contracted well. The placenta was easily detached by natural effort, and, with some coagula, was expelled. A swathe was applied. Child, a female, weighing seven and a half pounds. It did not breathe immediately after head was born, but soon breathed after cold water was dashed on its face and breast, and did perfectly well. During the labor,  $\text{z j.}$  ergot was infused in about  $\text{z vi.}$  boiling water, and the tea without the powder taken. Some increase of pain undoubtedly followed its use. The bladder was emptied with the catheter once during the day.

Labor began in this case at 12 the preceding night, and was ended at 6, P. M., the following day. The ether was first inhaled between 8 and 9, A. M., and its influence was sustained, as above described, till nearly 6, P. M. Mrs. W. described her state, when consciousness returned after labor, as one of perfect ease and enjoyment. She had not a pain. She had little memory of pain. The ether had made tolerable what she thought she could hardly have lived through without. She had been in labor, she said, three weeks; her nights disturbed and her days most uncomfortable. She expressed her gratitude for this means of her comfort after a manner which I have not heard paralleled. I left her with a calm pulse, manner perfectly natural, skin temperate, head free from pain, abdomen easy, eyes closed, and sleep approaching.

13th. 10, A. M.—Night good. Slight pain in abdomen in night occurred three times. Five grains of Dover's powder were given, and perfect quiet followed. Pulse 84; abdomen soft; lochia natural; no urine, has attempted to pass it, but failed. Catheter, about twenty ounces taken away. In all respects doing well. 10, P. M. Day very comfortable. Has slight uneasiness in the region of the heart, to which she has long been subject. Has failed to pass urine, and catheter was used. Ol. ric., suc. limon,  $\text{āā}$   $\text{z ij.}$ , M. in the morning.

14th. 9, A. M.—Excellent night. Urine natural. Two free dejections from oil. Pulse, &c., natural. Milk, without any precursory disturbance or excitement. Is nursing her child.

15th.—Quite as well, except some trouble about lactation.

June 14th.—Mrs. G. W. A., 36; fourth child. Labor began Friday, 11th. Physician called Saturday, 12th, at 8, A. M. Labor pains distinct, strong; head at upper part of pelvis, or rather a cushiony tumor

of which the diagnosis was not easy. This state of things continued. He passed Saturday night with his patient, because of the severity of the labor. Sunday, 13th, things much the same. Membranes broke P. M., and a large quantity of water came away. Still the head remained much where it was. The os uteri dilatable, soft, spongy, as if infiltrated. He passed the night again with his patient. Monday morning I saw her at 8, A. M., about sixty hours from beginning of labor, and forty-eight of continuous suffering.

The presentation was just what and where it was when first discovered. A firm, somewhat elastic tumor filled the pelvis. I did not, at my first examination, feel any portion of the cranium. The tumor felt very much like a blood tumor of great size. It remained tense in the *intervals* of pains, and did not seem more tense during pains. I advised the use of ether at once, to lessen the severe suffering of the patient, and having directed how it was to be used, left, to see a patient whose situation made an early visit very important. I returned between 8 and 9. Partial relief had been gained by the ether; suffering was less. I examined again with much care, and could make out towards the right sacro-iliac synchondrosis the well-defined *edge of a bone*. I pressed the presenting tumor here very firmly, and could find no bone opposite to or in the neighborhood of that against which my finger had rested. I now felt satisfied that the case was one of hydrocephalus, and that it was water which I felt behind the scalp, and which formed the tumor. The ether was used. Perfect unconsciousness did not take place more than once, but the diminution of suffering was most striking, and the ether more and more emphatically demanded. The perforator was now carried through the distended scalp, and a gush of water at once followed. Nearly a quart was received into a vessel, while a very large quantity escaped into the bed and guard. Extraction was now made, and after a few ineffectual efforts, the head advanced. The difficulty was in the loose condition of the bones, and the thinness of the scalp. The hook, from these circumstances, frequently broke itself away. The ether was still used. Entire abolition of consciousness was produced. The pulse continued steadily at about 100, the number when first examined. If anything it was quicker at my first visit than during the use of the ether, and while extraction was proceeding. The child was born slowly, and easily after the head had fairly entered the pelvis. The placenta followed readily. A swathe was applied, and the patient made easy and comfortable in her bed. Child's head consisted of loose cranial bones, thin scalp and a large cavity. Spina bifida at lower part of spine. It seemed impossible for Mrs. A. to express the gratitude she felt for the pleasure and the ease afforded to her by the ether. It was astonishing to her, that she who had always suffered so much in labor, and for so many nights and days in this last one, and who after former labor had been in such distress—it seemed most wonderful to her to feel now so easy and so happy. I left her in this state at about 11, A. M.

5, P. M.—Saw Mrs. A. She has been perfectly comfortable all day, has slept much, passed water twice, no after pains; much meteorism,



but no hardness, soreness or pain of abdomen. Respiration easy; countenance easy, and has lost that contraction which the long experience of acute pain gave it, and has acquired the appearance of healthy fulness. Complexion natural. Pulse 108, soft. Says she is perfectly free from uneasiness of any kind. Is provisionally to take 3 ij. ol. ric. and suc. lim. each, in morning, and five grains pulv. Dover, if need be, to-night.

15th. 10, A.M.—Pulse 108. Abdomen less full. Respiration easy. Temperature natural. Night good. Has taken oil. No defection.

16th. 9, A. M.—Pulse 104. Two defections. Urine natural. Without any uneasiness when at rest. Is annoyed by motion, the whole body being sore, from long-continued and violent labor.

*Remarks.*—Mrs. R.'s case presents the full effects of ether perhaps more strikingly than either of the others. That is, in her they were more perfectly produced. Still the time was short of their continuance, and not any cause for uneasiness marked any of its periods. The sponge which she reached and held with so much force had become almost or quite dry, as some time had passed from its first application. Her case is also striking as presenting perhaps the most perfect want of memory met with in any case I have witnessed.

Mrs. W.'s case. In this case ether was used nearly or quite nine hours. But except in its first inhalation, and the latest, nothing like its full effect was manifested. She managed the use of it herself. That is, she asked for it when she thought it was needed, namely, when a pain was coming on, and threw it by her as soon as she felt its influence approaching. Again and again she has assured me that her suffering after etherization was as nothing compared with her former state, and the *last pains were not felt at all*. The case differs from others in the whole agency of the patient during this long trial of ether. I have never known so much used, and certainly its effects could not have been more happy. The consciousness of the period when ether was used had been matter of distinct memory since. There were misgivings among her friends as to the expediency of its use, for they knew that she had formerly suffered severely from headache; but this was never stated to me. She had suffered also from pain in the region of the heart; but of this, also, I knew nothing till it occurred slightly the day after labor, when it was referred to by Mrs. W. It is suggested that it will always be well to learn if peculiarities exist in patients, or if morbid predispositions may be supposed to belong to them. In the above case, however, nothing occurred for a moment to disturb the feeling of the entire safety of the patient.

Mrs. A.'s case differs from all the others. But its history leaves very little to be added. Relief of suffering was as marked in her case as in any I have met with. I have never seen insensibility more strikingly produced by ether. She was for a short time as in the deepest, most tranquil sleep. This was at the close of the labor. It saved her all pain in the time of ordinarily the greatest suffering. She is recovering, though less rapidly than the others, but still quite as fast as the early history of her case would have led any one to expect.

## SHIP FEVER.

[Communicated for the Boston Medical and Surgical Journal.]

A GREAT deal has been said of late by the secular press, and to very little purpose, about *ship fever*. The public mind has been needlessly thrown into alarm, and sundry medical men have been striving to get up a panic, which is wholly uncalled for.

The facts, if rightly understood and spread before the people, will allay groundless apprehensions, and we invoke the aid of the secular press on this behalf. The famine in Ireland has hurried the rapid tide of immigration into this country, bringing a famishing multitude, crowding the steerage of every packet and passenger vessel, on board of which many have suffered for want of food and even of water, while occupying filthy and unventilated apartments. These throngs of emigrants, thus unfavorably circumstanced, have, by the exhalations from their bodies, already enfeebled and emaciated by starvation at home, fallen victims to their unavoidable violation of the laws of both health and life. A malignant and fatal fever has been generated on board ship, of which many have died on the passage, while still more have been landed either already sick, or so infected by the atmospheric poison that they soon develop it, in a form no less dangerous and fatal than that which has proved mortal on board the vessels which brought them hither. Hence the appearance of this fever in most of our Atlantic cities, in some of which there has arisen much excitement and alarm, by reason of its appalling fatality. In the nature and character of this fever there is nothing new or peculiar, nothing, in short, with which the profession are not perfectly familiar, under the names of jail fever, hospital fever, &c. Its type is found to vary as in other endemics, but a large majority of the cases are well characterized in the books under the name of typhus petechialis, meaning no more than that variety of typhus fever in which discolorations and eruptions appear on the skin, usually about the 7th day of the disease. A striking difference is manifest between the cases even coming from the same ship; a few are both inflammatory and congestive, while in most cases this fever is purely congestive. The most constant characteristic of the attack is an overwhelming sense of prostration of strength, with the accompanying signs of what is called *indirect* debility, great mental depression, disinclination to motion, with indications of the sudden impairment of the mucous membrane lining the digestive canal, of which the tongue gives early and palpable evidence. The frequency of the pulse is remarkable, but usually small and compressible, and is improved by clearing the primæ viæ by a mild emetic or laxative. The predominant state of the skin is moisture, after the first paroxysm has terminated with or without treatment. And its fatality is owing to effusions taking place in the cavities of the brain, the result of venous congestion in that organ, and indicated by delirium and coma, very seldom accompanied by hemorrhage, and then always giving temporary relief, though generally ineffectual if occurring after the 5th day.

In the hospitals, the patients are not received until the seventh day of the



fever, except in very few cases, and hence they are at this late period too often beyond the reach of art, some vital organ having suffered in its integrity either by neglect or mal-treatment. Moreover, the constitutions of many such have been broken down by privation and hardship, so that they fail to rally even under the most powerful stimuli.

In the case of physicians, nurses, &c., who have become infected, the early symptoms being subjected to treatment, this fever is found very manageable, the few cases of mortality being ascribable to defect in constitution, some depraved habit, or relapses by errors in diet during convalescence. Medication of an active character is contra-indicated so obviously, that a physician who saw the disease for the first time would be led, on general principles, to employ but little medicine, and rely upon nutrition and cordials, after clearing the stomach and bowels by mild and gentle means. Cautious stimulation is called for in every late period of this fever, and especially after convalescence begins. The internal administration of ice and iced water, and sponging the head, face and neck with iced water, are among the most effective and successful remedies. Sinapisms and blisters to the extremities and abdomen are valuable agencies if there be any local lesion. But venesection, or even local blood-letting, is seldom if ever admissible after the first paroxysm of this fever, and then only in persons previously in good health, and when the fever is ushered in by a well-marked chill. Nor can calomel or any other active drug be safely used without great caution. Wine whey, and milk punch made with brandy, with or without quinine, are often reliable means in the later periods of the disease. Nevertheless, the *sp. Mindereri*, various preparations of ammonia, and other stimulating sudorifics, are often useful as auxiliaries.

The conditions of recovery are cleanliness, pure air, well ventilated apartments, and careful nursing. The absence of one or all of these explains the want of success in many hospitals. For filth, confined air, and privation of nourishment not only render the fever fatal, but may generate analogous disease anywhere, and even re-produce it in the convalescent. Hence the advantages derived from removing patients into the open air from crowded wards, as in open tents and shanties, have been demonstrated at New York in the Bellevue Hospital, and elsewhere. From the time the patients are thus placed under favorable circumstances, they rapidly recover.

---

#### LETTER FROM DR. WELLS.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—I again ask your forbearance, while I say a few more words respecting the ethereal controversy. In my last communication, one point was left unnoticed through inadvertence. It had been stated in a previous No. of this Journal, that Dr. Bennet's letter in the London Lancet says that I left America for Europe before Drs. Jackson and Morton had laid claim to the discovery. Of itself, this mistake is of no importance ;

but as my opponents are inclined to "catch at straws," I will for their sakes explain how Dr. Bennet became wrongly impressed. When in London, I informed Dr. Bennet that I was not aware that Drs. Jackson and Morton had made any claim to the discovery in *Europe* until I arrived there; he understanding me (as since appears) that I was not aware that they had claimed the discovery in this country.

Mr. Warren, who has been employed by Dr. Morton to vindicate his cause, seems inclined to misrepresent my sayings and doings in every possible manner. In his pamphlet just published, he affirms that I have made a variety of statements respecting the number of patients on whom I have operated with the use of the gas. I will quote a few words from his pamphlet. "When Dr. Wells first laid claim to this discovery, he stated that he had performed ten or twelve operations under the effects of nitrous oxide gas; soon, however, the number had increased to fifteen or twenty; next, it went up higher, and after reaching the intermediate stages, is finally set down in the *London Lancet* at fifty." Now Mr. Warren professes to be a gentleman of honor. This being the case, I will explain the mystery and seeming contradiction in the above quotation for his especial benefit, that his *modus operandi* in this controversy may be known and duly appreciated. Whenever I have specified any number of patients on whom I have operated with the gas, the date has also been given. As, for instance, in my communication where ten or twelve are named, I also stated that this was done in November, 1844; and where fifteen or twenty are given, I stated that this was the number prior to January, 1845; and where fifty are given, it embraced the whole time up to the present. Now for some reason Mr. Warren sees fit to leave out my dates entirely, and write the passage above quoted; and he seems to have adopted this policy throughout the whole controversy. If he can gain any vantage ground by such means, he is entirely welcome to it.

Respectfully, HORACE WELLS.

Hartford, June 11, 1847.

#### DEATH OF DR. KNIGHT BY SHIP FEVER.

[Communicated for the Boston Medical and Surgical Journal.]

DIED at Cumberland, R. I., June 15th, Alfred Knight, M.D. Dr. K. was much esteemed as a citizen, he was a skilful physician, and his loss will be deeply felt throughout the community in which he moved. He died of fever. He had been attending the patients at the Asylum who were supposed to be suffering from ship fever. Several cases of it have occurred at the Almshouse, the Superintendent himself having died of it. A large number of persons have been exposed during the last three weeks, but as yet only three have had the disease.

Will you favor your readers with your opinion relative to the questions, "Is this fever contagious?" "Is it typhus or typhoid fever?" "What is the best method of treatment?"

CLAUDIAN.

June 17th, 1847.



---

 THE BOSTON MEDICAL AND SURGICAL JOURNAL.
 

---

 BOSTON, JUNE 23, 1847.
 

---

*Mineral Springs of Virginia.*—We have on various occasions, in times past, spoken of the medicinal value of these beautiful fountains, and we are again reminded of them, and of the bold and picturesque scenery of the Alleghany mountains, where nature still exhibits the rocks and trees in all their original wildness and grandeur, by a small volume, published of late by Messrs. Lindsay & Blakiston, of Philadelphia. It is a kind of guide book to the different springs, hardly to be dispensed with by an intelligent traveller in those mountainous regions. A better idea will be formed of it by copying the title-page, which is as follows:—"The Virginia Springs, with an analysis, and some remarks on their character, together with a Directory for the use of the White Sulphur Water, and an account of the diseases to which it is applicable: to which is added a review of a portion of Wm. Burke's book on the Mineral Springs of Western Virginia, &c., and an account of the different routes to the Springs. By John J. Moorman, M.D., Resident Physician at the White Sulphur Springs." A personal acquaintance with the author, whose experience has been acquired by a long residence on the spot, justifies us in saying that invalids may place implicit confidence in his advice. The fidelity with which he has described the influence the various mineral waters exert on the system, gives him a special claim to the consideration of persons seeking a renovation of health in Western Virginia. There are two maps in the work, which direct how to reach all the watering places on the mountain, which is of real consequence in wending one's way over the back-bone of the Old Dominion.

---

*Transactions of the New York Medical Society.*—Part 1 of Vol. viii. contains an address before the Society on mental manifestations, by Dr. John McCall; observations on the diseases of the digestive organs, by Dr. N. S. Davis; on the resources of the medical profession, by Dr. Joseph Bates; and remarks on the diagnosis of nervous diseases, by Dr. A. H. Stevens. To these is appended an abstract of the proceedings thus far in 1847, catalogues of the officers of County Societies, &c., besides much local matter. Dr. S. Hastings, of Oneida County, and Dr. H. H. Childs, of Pittsfield, Mass., were elected honorary members. The following preamble and resolution were offered on one of the last days of the session, and exhibit the punning propensity of the President, Dr. Blatchford, of Troy:—

"Whereas, Dr. Paine, of the medical department of the University of the State of New York, has taken unwearied trouble in circulating among the profession over ten thousand copies of an address delivered to his class of medical students, for the apparent purpose of ridiculing the action of this Society in reference to the calling of a National Medical Convention, therefore—

"Resolved, That his efforts have produced the singular *Physiological phenomenon* of rendering the profession in general, and the 'chairman of the committee' in particular, insensible to Paine."

Dr. McCall's paper on mental manifestations shows the writer to be a man of an investigating spirit, and who evidently loves metaphysical researches. Some of his reasonings are excellent, and, as a whole, the paper gives evidence of ingenuity and energy of thought.

Dr. Joseph Bates, of Lebanon Springs, has shown us the resources of the medical profession in good earnest. He actually mows down the quacks by winrows. All the tricks of the trade are familiar to him. There appears to be nothing new remaining to hang an idea upon, on the never-ending theme of irregular practice.

The paper on the diagnosis of nervous diseases, by Dr. A. H. Stevens, of New York, is a plain, common sense article, of sterling value, because it is a record of facts, which is precisely what is wanted. Dr. Stevens has lived in the busy world of professional turmoil long enough to know that the substantial benefit to be derived from medical papers, comes from the authentic facts recorded in them. Especially is this the case in papers relating to nervous diseases, in which there is so much that is obscure.

---

*Periodicity, Cause and Cure of Disease.*—A little pamphlet has been lying on our desk some days, entitled "Dickson and Swedenborg on Periodicity, Cause and Cure of Disease. By Rev. T. D. Sturtevant, Portland, Maine." With half an eye, the object of the reverend author may be detected. He is to be regarded in the light of a spy in an enemy's camp. After ascertaining the condition of the town, the means of resistance, the amount of provision for sustaining a siege, he will by and by appear in some more formidable character—perhaps in the shape of an octavo in boards, or a crono-thermal treatise in calf. He is evidently sounding the minds of people in New England on the subject of this new kind of practice. In order to prepare the way for the advent of the crono-thermal method of treating diseases, the name of Dr. Dickson, of London, and that of the great Swedenborg, are coupled together on the title page of this book. Hear what the writer says of the former.—"In 1845, Dr. Dickson publicly claimed the discovery of the *periodicity* of every atom of all living bodies." Next is what he says of himself.—"Fifteen years ago, it was my fate—I can scarcely call it my *fortune*—to make two most important discoveries in medicine; namely, the Periodicity of Movement of every Organ and Atom of all Living Bodies; and the Intermittency and Unity of all Diseases, however named, and by whatever produced. To these I added a third—the Unity of Action of Cause and Cure; both of which involve change of Temperature. Such is the Chrono-Thermal System—so called from *Chronos*, Time, or Period; and *Therma*, Temperature, or Heat."

The theory of Dr. D. is as follows:—

"1. That every Organ and Atom of Living Bodies possesses Motion as an essential condition of Life. These motions, changes, or events in the system, occupy time or periods of greater or less duration. Life is made up of these changes or events. Some embrace but a moment of time—others, years; some are regular, others irregular; some are subject to the control of the will, others are wholly involuntary. Here is the ground for the first term in the name which Dr. Dickson gives his System—*Chronos*, Time, or Period.

"2. When all the organs go through their changes and motions in their natural periods of time, and in their alternate mutations harmonize with each other, the system is said to be in a state of Health. But,



"3. Disease, under all its forms and modifications, is, in its commencement, simply an *exaggeration* or *diminution* of the amount of these motions, or events, in a given time; the *exaggeration* of the movements producing the phenomena of *fever*, and their *diminution* below the normal, or healthy state, producing *ague*, or some of the numerous diseases belonging to the same family. Hence,

"4. The *type of all disease is fever and ague*. Here is the ground for the other term applied to the system; *therma*, temperature, either heat or cold.

"5. Diseases of all descriptions have *remissions*, which come under the great law of change, or periodicity. The subjects of all diseases enjoy remissions, or periods of comparative immunity from suffering. Some days they are better, and some days worse. This is the case with chronic as well as acute diseases, as those afflicted by them can witness."

One of the first and foremost disciples of this system, which is well calculated for influencing a class of minds always ready to be convinced of the probability of improbabilities, is Dr. Turner, of New York. His pamphlet was viewed in the light of a literary curiosity—and further, the fact was demonstrated in it, that there is no assignable limits to the domain of Young Physic.

Not finding a place to introduce the statements of the learned Swedenborg, as quoted by his reverence of Maine, to prove that he and Dr. Dickson entertained opinions precisely alike on points of sterling interest to the latter gentleman, we must pass on to the statement of the marrow of the matter, thus expressed: "If disease be one, its treatment must be one; or, in other words, the detection of the law of disease must establish with it the law of its treatment; a result which daily and ample experience demonstrates to have been attained."

Living in full expectation of a movement or demonstration in favor of chrono-thermalism by some disappointed limb of the profession, whose only hope of success rests upon turning traitor, by embracing the last-devised humbug in medicine, we shall defer any further remarks to a future time.

---

*Illustrations of Medical Botany.*—From the publisher, R. P. Smith, of Philadelphia, has been received No. 1 of this work—being an elegant specimen of the results of art and science combined. There are to be issued five numbers. The work is entitled "*Illustrations of Medical Botany*, consisting of colored figures of plants, affording the important articles of the *materia medica*, and descriptive letter press. By Joseph Carson, M.D., Professor of *Materia Medica* in the Philadelphia College of Pharmacy, &c. The drawings on stone, by J. H. Colen." Those who have not yet seen a copy, have a pleasure yet to come. The accuracy of detail in these colored pictures astonishes and delights those who are not familiar with the perfection attained by lithographic representations. But an essential point is the knowledge imparted in regard to the medicinal properties of plants recognized in the *materia medica*. Dr. Carson freely remarks that he is indebted for many of his drawings to various writers of known authority, and he has also drawn from nature herself with marked success, by the aid of a vast collection of specimens employed to illustrate his lectures in the Philadelphia College of Pharmacy. The text presents a succinct account of each plant, says the preface, comprehending all the details necessary to understand its character and relations in a scientific and medical

point of view. We have no hesitation in saying that the whole profession have a common interest in sustaining this production.

---

*Medical Student's Vade Mecum.*—Through Messrs. Ticknor & Co., a copy of the second edition of a system of examinations upon anatomy, physiology, chemistry, materia medica, surgery, obstetrics, &c. &c., revised and greatly enlarged, has been placed on our table. George Mendenhall, M.D., of Cincinnati, is the author. The book is a duodecimo, 570 pages thick, and yet not too large for the pocket of a student's box coat. Whoever has it, carries an epitome of all branches of medicine. We have been quite surprised at the amount of information contained in this unpretending treatise. It is a kind of encyclopædia of medical science, which is by no means out of place when under the eye of those advanced in professional standing. Messrs. Lindsay & Blakiston, of Philadelphia, have given to this the neatness, in point of typographical finish, which is a characteristic of their press.

---

*Sale of Patent Medicines in Connecticut.*—A writer in the Hartford Courant intimates that the proposed law obliging venders of patent medicines to disclose the articles of which they are composed, is likely to go into operation, but at the same time thinks it would be supremely ridiculous to have it do so, as the ingenuity of those who deal in such trash is equal to any emergency, and the certainty of evading a penalty is no more to be doubted, than the future revolutions of the planets in the solar system. In Maine, where the law was made particularly stringent only one year ago, it was much the object of ridicule, and a few weeks since it was repealed, we understand, with quite as much unanimity as it was originally enacted, simply because it was of no kind of service.

---

*Medical Department of the Army.*—The Army Medical Board, which was convened in the city of New York for the examination of applicants for appointment to the medical staff of the regular army, adjourned on the 25th ultimo.

Of the candidates who were examined, the following were found qualified for appointment, and were accordingly approved:—Nicholas L. Campbell, N. Y.; Samuel L. Barbour, Geo.; George Edward Cooper, Penn.; Ebenezer Swift, Ohio; John S. Battee, Md.; Glover Perin, Ohio; P. G. Stuyvesant Ten Broeck, N. Y.; John Campbell, N. Y.; John E. Summers, Va.; Charles H. Smith, Va.; Washington M. Ryer, N. Y.

Before the same Board, Surgeon John B. Wells was examined for promotion to that grade, and was fully approved.

---

*Fecundity of the Irish.*—If Mr. Doubleday's theory be true, and it be a law of nature that the worst dieted people shall become the most numerous, then pauper relief to Ireland, in the shape of poor food, will only aggravate the evil. The effectual remedy is to give the Irish people a sufficiency of animal food; Irish produce must be consumed in Ireland instead of being exported. The standard of living must be raised; but it will not be raised by the introduction of the poor laws, and feeding the hungry crowds with



poor-house food. This will only aggravate the evil through each successive generation. Mr. D.'s book is deserving the serious consideration of political economists and statesmen.

*Santonine.*—This alkaloid, to which attention has been called by Berzelius, has been for some time employed by M. Voillemier, as an anthelmintic, and with satisfactory results. M. Pinel, a pharmaceutist of Paris, has incorporated it in biscuits, in which form it is most advantageously administered. These biscuits have a pleasant taste, slightly bitter, and from three to four are the dose for an adult and two for children. This dose is sufficient to expel the worms. This medicine does not produce colic or purge, but seems to act as a poison to the worms.—*American Journal of the Medical Sciences.*

*Medical Miscellany.*—A government hospital has been erected at Point Isabel, 186 feet by 68, encircled by a twelve feet gallery, which has a fine appearance, from its elevated position.—Dartmouth College Medical School has published its *fifty-first* annual announcement of a lecture course, which is to commence on Monday, Aug. 2d, the introductory to be delivered by Prof. Hubbard. Some of the best physicians and surgeons in this country were educated in New Hampshire.—Typhus fever has spread astonishingly in Ireland, and is mowing down the people faster than ever.—A committee of the medical faculty of Maryland report that the ship fever introduced by emigrants is the malady described by British writers as typhus fever, but differs materially from what is called typhus fever in this country, and is contagious.—Benj. F. Joslin, M.D., of New York, late Professor of Mathematics and Natural Philosophy in Union College, has published a treatise on the "Power of small Doses and Attenuated Medicines—including a theory of potentization."—The New York Medical and Surgical Reporter, which has been published weekly in that city for a short time, edited by Dr. Wagstaff, has been discontinued. The Boston Journal is again alone in this country as a weekly visitant to the medical profession.

TO CORRESPONDENTS.—Dr. Jackson's paper came too late for insertion in to-day's Journal. Communications from Dr. Preston and Dr. Osborn have also been received.

MARRIED.—In New York, Clark Wright, M.D., to Miss E. J. Bleeker; Edward Chasteny, M.D., to Miss L. Chamberlain; Charles E. Washburn, M.D., to Miss M. A. Reed; Hugh Walsh, M.D., to Miss Elizabeth Hall.

DIED.—In Boston, Dr. A. G. Upham, a physician of great promise in his profession, and of high moral worth, of typhus fever, caught in the discharge of his duty. Dr. Upham studied his profession in Paris, and was elected Professor of Pathological Anatomy in the Med. College of Castleton, Vermont.—Dr. Ithamar D. Cawc, of Watertown, N. Y., drowned in Perch Lake, while on a botanizing excursion.—In London, T. Wilkinson King, Esq., Lecturer on Pathological Anatomy at Guy's Hospital, and Corresponding Member of the New York Medical and Surgical Society.

*Report of Deaths in Boston*—for the week ending June 19th. 66—Males, 37—females, 29. Stillborn, 3. Of consumption, 12—typhus fever, 13—lung fever, 1—scarlet fever, 1—infantile, 5—intemperance, 1—marasmus, 2—disease of the heart, 2—canker, 1—burns, 1—inflammation of the bowels, 4—accidental, 1—apoplexy, 1—worms, 1—cancer, 1—spine disease, 1—dropsy on the brain, 2—paralysis, 3—croup, 1—brain disease, 2—convulsions, 2—ulcers, 1—teething, 1—tumor, 1.

Under 5 years, 23—between 5 and 20 years, 6—between 20 and 40 years, 21—between 40 and 60 years, 7—over 60 years, 9.

*Treatment of Chlorosis.*—M. Briquet, in the treatment of chlorosis, uses sulphate of iron, because of its solubility, in preference to the subcarbonate of the same substance. The following is his method of administering the remedy: Sulphate of iron 1 gramme, distilled water 180 grammes; m. et f. dissolve s. a. Of this the dose is a tablespoonful morning and evening. Each spoonful contains seven centigrammes, or about one grain and a half of the salt of iron. The above quantity of the solution is sufficient for daily administration for the space of a week. As to the subcarbonate, much larger doses of that may be administered; two grammes and upwards have been given without any unpleasant effects.—Dr. YANDELL's *Letters from Paris, in Western Journal*.

*Sugar in the Urine.*—The following very simple and easy method of detecting the presence of sugar in the urine of diabetic patients is practised in the Paris hospitals: Pour a small quantity of the urine into a glass tube, to which you add a few drops of the aqueous solution of the sulphate of copper, the tube being held in the flame of an alcohol lamp until the liquid boils. If the urine is healthy it produces no action on the salts of copper, and the liquid preserves the beautiful blue color which has been imparted to it by the copper; but if the urine contain sugar, this affects the decomposition of the salt, and as soon as ebullition takes place the mixture is observed to pass first to a green, afterwards to a fawn color, which is more deeply marked as the proportion of the sugar is greater. Liquid caustic potash may be substituted for the sulphate of copper, in which case the color of the mixture varies according to the amount of sugar present, from a yellow to a more or less deep brown.—*Ib.*

*The Influence of Strychnine on the Urinary Organs.*—In several cases of paralysis affecting the lower extremities and the bladder, strychnine has been employed; and it has been remarked that it, in the first place, increases the urinary secretion, then causes very frequent desire to empty the bladder, and when this is done, it is attended with some smarting. This influence on the bladder declines in proportion as the effects of the strychnine manifest themselves in the muscles of the limbs.

In one case in which strychnine was given, a varioloid eruption came out, which did not suppurate, but terminated by crusty desiccations. When this eruption came out, the paralysis declined, and the bladder acquired power.

Strychnine, from the observations just mentioned, would therefore appear to exert a stimulant effect on the muscular tunic of the bladder; and if so, its utility would be rendered probable in paralytic conditions of the bladder, whether they be idiopathic, or arise from a mechanical cause; and it would act as an adjuvant to other remedies, where a palsied state of the bladder is only symptomatic of other disease.—*French Medical Periodical*.

*Modification of the Moxa.*—M. Guepratt proposes to use, in the place of cotton or amadon, paper which has been dipped into a solution of subacetate of lead, and afterwards dried; or he would prefer cotton so treated, to paper. This he tears in strips, and rolls it into small rollers, which he makes to adhere at first, on the part to be treated, by a solution of gum arabic.—*Ib.*



# THE BOSTON MEDICAL AND SURGICAL JOURNAL.

---

VOL. XXXVI.

WEDNESDAY, JUNE 30, 1847.

No. 22.

---

## A REVIEW OF DR. M. GAY'S STATEMENT OF DR. CHARLES T. JACKSON'S CLAIMS TO THE DISCOVERY OF THE INHALATION OF SULPHURIC ETHER, AS A PREVENTIVE OF PAIN.

By J. B. S. Jackson, M.D.

[Communicated for the Boston Medical and Surgical Journal.]

It is certainly very remarkable, considering the number of articles and pamphlets that have been published upon this great discovery, that scarcely anything has appeared in the name of Dr. Jackson; and it is not surprising that he should thus be deprived of much of the credit to which he is entitled. And even now, when a full statement is for the first time made of his claims, it comes not from himself. Dr. J. felt, when the discovery was first made known, that his claims could not be questioned, and that those with whom he was concerned, would, without his demanding it, give him full credit; but it was not so, and from that time his mind has been so harassed by misrepresentations and false statements in regard to the case, that he has felt no inclination to do what he should have done more than six months ago. Dr. Martin Gay, who has now published a vindication of Dr. Jackson's claims, has been for many years a warm personal friend of Dr. J., and he has generously, and of his own accord, come forward to state his case and plead his cause; after a long and laborious investigation, and a tedious sifting of all the facts, he has given a full exposition of the whole subject, and has added, in an appendix, the testimony upon which it is founded; and it is to be hoped, in justice to the cause of friendship and of science, that it will be attentively read and considered.

Dr. Gay shows, by the testimony of Mr. Bemis, a most respectable dentist of this city, that Dr. Jackson had conceived the plan of preventing pain in surgical operations by some direct and new agent, as long ago as the year 1842. Mr. B. remembers and testifies, also, to a remark made by Dr. Jackson at that time, that he had tried this agent successfully upon himself after some accident, and he has no doubt that sulphuric ether was the means referred to. His operations, however, fortunately for his patients, are so far painless, that he did not feel any urgent need of the means referred to by Dr. J., and so did not burden his memory particularly with the fact. Dr. Wm. F. Channing, however, states that he had on several occasions heard Dr. J. speak of the inhalation of sulphuric ether, as a means of producing insensibility to pain during surgical operations, and that his impression is very strong that the earliest communica-

tion on this subject was in the year 1842, Dr. C. being on a geological survey with Dr. Jackson, when the above remarks were made to Mr. Bemis.

Another important point that is dwelt upon by Dr. Gay, is Dr. Jackson's use of the sulphuric ether to relieve the very urgent distress which he experienced after an accidental inhalation of chlorine gas; a distress, which was quite as agonizing, as every chemist must know, as the pain inflicted by the surgeon's knife. This was in the winter of 1841-2, and the relief which he experienced was such as to produce in his mind a strong conviction, that the pain of a surgical operation might be relieved in the same way; the insensibility to the painful effects of the chlorine coming on, according to Dr. Gay, before the unconsciousness, and continuing for a time after it had passed off. Dr. Wm. F. Channing, a student of chemistry with Dr. J., and a son of the late Rev. Dr. C., afterwards met with a similar accident, and, as is shown in his testimony, inhaled the sulphuric ether with an equally good effect. Previously to the first of these trials, Dr. J. had inhaled the ether with a view to observe its physiological effects, being perfectly aware of its having been often used as an intoxicating agent, and of the danger which was supposed to attend its use if carried to the degree of unconsciousness. For this experiment under such circumstances, and for having discovered the laws of the insensibility or unconsciousness, which is produced by the inhalation of sulphuric ether, as a matter of science, and independently of its application to surgery, Dr. Jackson is entitled to the highest credit.

Dr. Gay then goes on to refer to the testimony of Mr. Joseph Peabody, than which nothing could be more conclusive and satisfactory. Mr. P. is a student of chemistry with Dr. Jackson, and in the month of February, 1846, was about to have two of his teeth extracted. The idea of trying the powers of mesmerism having occurred to him, Dr. J. dissuaded him from it, and, in so doing, used an expression the strength of which is remarkable. "If you want to have your teeth extracted without pain," said he, "I have mesmerism bottled up, in the other room," and then told him of the sulphuric ether, of its effects, and how it should be used. Mr. P. would have used it, and was preparing some for that purpose at his father's laboratory in Salem, when his father remonstrated so strongly against it as a dangerous experiment, that he abandoned the idea; otherwise the whole discovery would probably have blazed forth a year ago.

Dr. Jackson, then, believed fully in the power of the sulphuric ether as a preventive of pain, when Mr. Morton called at his laboratory last September to borrow a gas bag; this he intended, as he said, to fill with atmospheric air, and giving it to a patient to inhale, he hoped thus to act upon her imagination, and induce her to submit to the extraction of a tooth. Dr. J. dissuaded him from this attempt, and, after some conversation, communicated to him his ideas in regard to the ether. Mr. M. was evidently entirely ignorant of the article, and even of its physical properties, as Dr. Gay shows. He asked a great many questions, and showed a great unwillingness to try it, but at last agreed to do so, Dr. J. giving him particular directions as to the mode of applying it, and telling him



what was to be expected. Mr. Morton accordingly made the trial, and the result we all know. Having stated these facts, Dr. Gay goes on to remark that Mr. Morton acted merely as an agent of Dr. J., and shows that "the credit to which he is really entitled, is that of faithfully performing, according to his instructions, a mechanical part in an experiment of Dr. Jackson's." Dr. J., of course, never denied that Mr. Morton first used the ether successfully in a case of dental surgery ; but inasmuch as this was done under Dr. J.'s direction, and by a person who was totally ignorant of the subject, the whole responsibility in the case, and the credit or discredit which might grow out of it, belonged exclusively to Dr. J., who must be considered not merely as the discoverer, but as having made the first application in the proper sense of the term. If Dr. Jackson, however, is to receive the credit of the discovery, as a scientific man, let Mr. Morton have all that belongs to him for the perseverance which he showed in the case, acting under Dr. Jackson's directions, and supported by many successful experiments, but liable to be discouraged by repeated failures, and the bad consequences which not unfrequently resulted from his reckless use of the new agent. And here it may be remarked that the title usually given to Mr. Morton has been withheld, as an act of justice to those gentlemen in his branch of our profession who have devoted their time, and expended their money, to acquire the information which would enable them to obtain a medical degree.

Dr. Jackson has been very much blamed for not giving to Mr. Morton more credit in his letter to M. Elie de Beaumont, which was read to the French Academy ; a second and a private letter, however, was at the same time sent to his correspondent, in which he gave a full history of the discovery, awarding to Mr. M. all the credit that had, at that time, ever been claimed for him, and acknowledging fully the important suggestions that others had made in regard to the construction of the instrument which was to be used in the inhalation of the ether. But Dr. J. had observed the position which Mr. Morton had already taken towards himself, in regard to the discovery, and he accordingly, in the letter above alluded to, stated simply what concerned himself in the discovery, that he had become convinced by experiments and reflection upon the subject that the inhalation of ether would render one insensible to pain, that he had induced a dentist of this city to use it, and that the result was as all the world knows it to have been. Dr. J. has been severely criticised for the use of the term "induced" in that letter, but of all terms it was the most fit. He did not call upon Mr. M. to make known his discovery and request him to make a trial of it, it is true ; it was in Dr. Jackson's office that Mr. Morton received the important information. But what did Mr. Morton call upon Dr. J. for ? Not for sulphuric ether, certainly ; not for the nitrous oxide, not for a means of any sort to prevent the pain of the operation which he was about to perform ; his plan was entirely different ; it was simply to act upon the imagination of his patient, and he called upon Dr. J. to obtain the means which would enable him to carry his object into effect. From this Dr. J. dissuaded him, and after much time had been spent, and the

strongest assurances had been given of the safety of the inhalation of the sulphuric ether as a means of preventing pain. Mr. M. was "induced" to try it, and his distrust and the unwillingness which he showed to receive the idea, fully justified Dr. J. in the use of the term in question. And, to refer to another point, that strong persuasion was used by Dr. Jackson to induce Mr. Morton, after his first experiment, to bring the subject before the Surgeons of the Massachusetts General Hospital, is abundantly proved by the testimony which Dr. Gay has brought forward. Mr. Morton, when he did so introduce it, representing it as his own discovery, and giving to Dr. Jackson, as appears by a published letter of Dr. J. C. Warren, none of the credit which belonged to him.

Dr. Gay, then, having shown the object of Mr. Morton's visit to Dr. Jackson, remarks in another place upon Mr. M.'s experiments with chloric ether. Witnesses have testified to the fact of Mr. M.'s having used "ether" by inhalation, in the summer of 1846, and, although the only one who specifies the kind of ether used, speaks of it as the "chloric of ether." Mr. M.'s agent has the boldness to assert in his pamphlet that Mr. M. had been experimenting with sulphuric ether. There is no reason whatever to suppose that Mr. Morton had ever seen sulphuric ether before Dr. Jackson showed it to him, and, as to the idea of inhalation, he was probably indebted for that to his former partner, Mr. Wells.

The claims of Mr. Wells are very satisfactorily answered by Dr. Gay. That gentleman was undoubtedly, according to his statement, on the very verge of making the grand discovery, and even went so far, in Nov. 1844, as to use sulphuric ether in the case of a surgical operation; but, although he does not say so, the experiment must have been unsuccessful, as he was advised, in preference to this, to continue the use of the nitrous oxide, with which he had previously been operating with some success as a dentist. This operation, he it observed, was performed two years after Dr. J.'s communication to Mr. Bemis. Dr. G. alludes to Sir H. Davy's having suggested the use of this gas in small operations, and he refers to a case in which it was also tried several years since, by some of the Cambridge students, the result being such as might have been expected; this gas, from the violent excitement which it often produces, is totally unfit for surgical purposes, and Mr. Wells might, therefore, be welcome to the discovery, even if he had been the first person to use it. Mr. W. claims to have been the originator or discoverer of the idea of preventing pain by the inhalation of any gas whatsoever, because he had been searching for some means to produce this effect, and had in a few cases operated successfully with nitrous oxide; but such a claim, at this late day, is perfectly preposterous, and, as Dr. Gay remarks, sulphuric ether was virtually excepted by Mr. Wells, after the experiment above alluded to; nitrous oxide, if it ever had any repute, would probably soon have been forgotten, had it not been for the discovery of sulphuric ether, and the very slight connection between these two substances—a connection which may truly be called gaseous.

Dr. Gay alludes to the censure which Dr. Jackson has incurred for having so long delayed to communicate his discovery to the world, and



the inference, that, although he may have had, for a long while, a floating idea in his mind of the fact, he could not have fully believed in the powers of the ether; but the testimony which is offered, proves that such was the fact, however it may be explained, and it cannot be imagined that after being once conceived, as it was by Dr. J., the idea could ever have been lost sight of. In his communication to Mr. Morton, Dr. J. did nothing more than what he had done several times previously, and would undoubtedly have done again. The man of science often discovers, in his closet or laboratory, some new fact or principle, which, when applied, will be of inestimable value to mankind; and it but too often happens, from the peculiar constitution of scientific minds, that he, to whom the world is most indebted, reaps but little benefit, and in many cases fails even to secure to himself the honor of the discovery. Now after it has been shown that Dr. Jackson had been long possessed of the idea of preventing pain by the inhalation of sulphuric ether, and that it was first successfully applied under his directions, will any one allege that too much has been claimed for Dr. J. as a discoverer? Shall that honor, which is all that he claims, be denied to him, because he did not make known his discovery in the most proper manner? Dr. J. states that he did communicate it to several of his friends, but unfortunately for his case, he cannot say to whom, and it was only accidentally that he heard of Mr. Bemis's recollection of their meeting in the year 1842, and of what passed between them on that occasion, Dr. J. himself having entirely forgotten that he had ever spoken to Mr. B. upon the subject of a preventive of pain in surgical operations. This is a single case, and there may be many others, which may yet become known.

Further, it has not merely been questioned whether Dr. Jackson really believed in the sulphuric ether as a preventive of pain before he communicated the idea to Mr. Morton, but it has been said, and by many persons believed, that even after it had been in use for some time, he doubted its powers. This would seem to be impossible, when we consider the strength of his conviction previously to the first experiments in surgery, and the overpowering evidence that was every day accumulating in favor of the new agent. There cannot, in fact, after the testimony of Mr. Peabody, and the recollection of many of Dr. Jackson's friends, be a doubt "that he has continued," as Dr. Gay remarks, "unflinching in his belief in the safety and ultimate success of the application"; he has, of course, as Dr. Warren and many others have done, often spoken of the caution necessary to ensure the efficacy and the safety of the application, and without doubt some remark of this sort was misunderstood, and gave rise to the report now alluded to.

Dr. Jackson has been much blamed for having published in the *Daily Advertiser* a statement of his claims, which, from its address, would seem to have been already communicated to the American Academy, when, in fact, it was not read before that body until the evening of the following day. He was desirous, it has been said, of giving greater effect to his article, by bringing it out under the sanction of the Academy. Now the article in question was hastily prepared, and was expressly in-

tended to be sent to Europe by the steamer of the first of March, with a view to correct the unfavorable impressions which had gone abroad in regard to his claims; but, inasmuch as he had been requested to make a communication upon the subject to the Academy, his intention was, to read the same article before that body, and he addressed it accordingly, having no doubt that he had a right, so far as the Academy was concerned, to publish his article before it was read, and certainly having no intention of giving to the public the idea that the Academy had sanctioned his claims, the circumstance of the address, which certainly requires an explanation, being entirely accidental, and owing to the haste with which the article was prepared.

With regard to the patent, Dr. Gay shows that Dr. Jackson reprobated the idea as strongly as any one, that he has never before taken such a course in respect to any scientific discovery, and that in the present case he felt himself compelled to adopt it, being informed that Mr. Morton could and would take out a patent in his own name, and claim the whole discovery, if Dr. J. did not join him. The Dr., therefore, in an unfortunate moment, signed the petition with Mr. M. for a patent, as a joint discoverer, and with a view merely to have his name legally connected with it, Dr. J. understanding that the patent was to be made out in the name of Mr. Morton, and that he was to be the sole proprietor. If it was settled, however, that the patent would be applied for, and that Mr. Morton would, if he could, make money out of it, certainly Dr. J. had a right to expect him to pay a proper fee for the professional advice which enabled him to do this; he charged him, therefore, five hundred dollars, but afterwards changed it to ten per cent. on the receipts, Mr. M. saying that he might, perhaps, never make the above sum by it. Dr. Jackson deeply regrets that he ever had anything to do with the patent; and this hasty and very imperfect notice of his claims as a discoverer, may be concluded by stating, on Dr. Gay's authority, that he never has received any pecuniary advantage from the patent, that he never will receive any, and that he has destroyed the bond given to him, according to which Mr. M. was to have paid to him a certain per centage of the profits that might be derived from the sale of the patent right.

## THE TREATMENT OF TETANUS.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—Although I cannot write on medical subjects in a manner satisfactory to myself, yet a desire to draw from others, contributors to your Journal, any information which they may be able and willing to impart, induces me to present the following cases of that terrible disease, tetanus, together with the empirical, and yet in some instances successful, treatment pursued.

About fifty years ago, the first case of tetanus of which I have any personal knowledge, occurred in the town of Worcester, my native place. A Mr. Stow, in that town, received a punctured wound in the thumb, from a rusty



nail. In a few days he was seized with spasms, and fell under the care of a very respectable physician of that town, Dr. John Green. The patient obtaining no relief, one or two other physicians were called in consultation. Not succeeding, with the prescribed remedies, in procuring any abatement of the spasms, the patient was at length allowed to indulge in potations of ardent spirits, in compliance with his own wishes. He drank largely of flip, made with N. E. rum. This very soon mitigated, and finally removed, for the time, the frightful malady. Mr. S. afterwards found himself liable to returns of the disorder, and, as he himself informed me, when he perceived the premonitory symptoms, would swallow, at a single draught, a quart of N. E. rum, and always with the effect of warding off the spasms. He assured me that no intoxicating effect was ever perceived by him from that quantity of rum, on such an occasion. Nevertheless, although Mr. S. had never, since the first attack, experienced anything more than the precursory symptoms of the tetanic affection, he yet, about fifteen years ago, had so far lost all muscular power, that he could not raise his feet from the floor, but could only move by sliding them along upon it.

Taking a hint from this case, I resolved on making a trial of ardent spirit in the first case of the kind that occurred in my own practice. This was about thirty-five years ago, and happened in Townshend, Vt. A young lady received a deep burn in the palm of one of her hands. While it was yet an open sore, she was exposed to cold and dampness, and very soon had a most severe attack of tetanus. On the second or third day from its commencement, I was invited to visit her. I never have witnessed so firm and rigid a contraction of the muscles. They felt as hard as stone, particularly the buccinators. The head and feet nearly touched each other, with but occasional slight relaxations. I immediately commenced feeding her with raw rum, which I was enabled to do with a spoon, through an opening left by the extraction of two front teeth. I got down nearly a pint before any effect was perceived. A crack was then suddenly heard to proceed from the jaw; soon another, and another, and after a while it was perceived that her mouth was opening. This continued until the jaws were nearly an inch apart. They then began to close again, a little at a time, each motion of the jaw reporting itself with a smart crack. After the jaws had thus been several times opened and closed, involuntarily, the muscles began to *obey* the will, and the spasms subsided. In despite of the rum, however, which was still administered so as to keep up a slight intoxicating effect, the spasms returned, though with much less severity, and did not wholly quit the patient until the system was brought under the influence of mercurials, which were given, with opium, and the rum laid aside, after the latter had been used about twenty-four hours. The recovery from tetanus was complete, but the patient was found entirely to have lost the sense of hearing, and never regained it.

After this I was led to suppose that the application of cold water might be better treatment than I had as yet pursued. I accordingly had a pailful or two poured upon a lad who was suffering under the spasms,

induced by a punctured wound in the tendon of the extensor muscle of the thigh. He was wrapped in a warm blanket, as soon after the water was applied as he could be wiped over with towels, and laid in bed. In a few minutes, however, he expired! and I have never since dared to repeat such an expedient.

Succeeding this case, which happened twenty-four years ago, I made trial of laudanum, in a case of idiopathic tetanus, induced, in a female, by exposure during the menstrual flux. I began with teaspoonful doses, and, after giving several with no apparent effect, I gave it by the table-spoonful until she had taken six doses. Seeing no effect at all from it, I had an injection of tobacco administered, which afforded speedy relief.

Later still, I treated a young man, laboring under traumatic tetanus, with oil of turpentine, in teaspoonful doses; then with ardent spirits; then with wine and laudanum; cauterized the whole course of the spine with kali purum; gave occasional cathartics of calomel, castor with croton oil, castor with turpentine oil, &c. &c. The patient recovered, but whether in consequence of any or all of the above mentioned remedial means, I know not, and would not like to hazard a conjecture.

Since the occurrence of this case, I had a case which proved fatal in less than four days, from the infliction of a wound in the bottom of the foot, by the patient, a lad six or seven years old, treading upon a board nail. Oil of turpentine, the rind of salted pork, ley poultices, landanum, &c., were applied to the wound; diaphoretics and anodynes were administered internally. Until near the fatal termination, no symptoms of trismus or general spasms were noticed. A low, febrile, sinking, typhoid state of the system seemed to prevail. But trismus and general spasms at length became manifest, and no means that were used for his relief seemed to have the slightest effect.

I have been concerned in other tetanic cases, but those related sufficiently exemplify the whole. Injections of tobacco have more frequently afforded relief than anything I have tried, but that relief has seldom been permanent. Cauterizing, with kali, the whole course of the spine, seemed to be of use in the only case where I tried it; but probably an epispastic applied to the same extent, or any other counter-irritant of equal power, would have effected an equal amount of benefit.

On the whole, Mr. Editor, I am not satisfied with any view or treatment of this disorder, which has as yet obtained among us, and ask such of your correspondents as may have facts of importance, or theories founded on facts, in relation thereto, to communicate them for the common good.

JOHN BROOKS.

*Bernardston, June 10, 1847.*

## THE SPIROMETER AS A MEANS OF DIAGNOSIS.

To the Editor of the Boston Medical and Surgical Journal.

DEAR SIR,—Having just finished the perusal of a late No. of the *Medico-Chirurgical Transactions* (No. 29), my attention has been closely



riveted to a paper therein communicated, which appears to be unique and very valuable, from the pen of John Hutchinson, Surgeon. It is entitled, "On the Capacity of the Lungs and on the Respiratory Functions, with the view of establishing a precise and easy method of detecting disease by the Spirometer," read before the Royal Medical and Chirurgical Society of London, April 28th, 1846. If there has not been any extended notice of this paper by our journals, it has occurred to me that it would be not unacceptable to give it such an one at least as would arrest the attention of those in our profession who interest themselves in its advancement; the number of whom, "on this side of the water," I am led to believe is not small. Your Journal has so wide a circulation, and has always exhibited such a commendable spirit of keeping your readers (referring particularly to those who have not ready access to the more expensive sources of information) promptly informed of all that may be new or interesting in the medical cabinets, that I am induced to suggest this matter to you. It may be that you have already published something in reference to this. But as I do not recollect of having seen anything of the kind, and as it may not have fallen under your eye, I herewith send you some extracts from said paper. Proffering my good will to your Journal and our common cause of medical advancement, I remain

Your obedient servant,

Danvers, June 15th, 1847.

G. O.

157. I shall briefly state my own experience of the spirometer as a means of diagnosis, that others may have an opportunity of confirming or refuting my conclusions, and shall assign the reasons why I believe its application useful.

158. It will be seen that an investigation has been made upon upwards of 2000 persons, the great bulk of whom are considered as belonging to the healthy classes of society, which will necessarily place us in a position for judging between the healthy and diseased.

159. The range of observations made upon the diseased, is very limited compared with those upon the healthy; but this, if anything, makes the test stronger, as one disturbing case amongst few is more prominent than one amongst many.

160. These observations are of two kinds, one measuring *quantity* and the other *power*; the quantity of air breathed, and the power of the respiratory act—both extreme efforts.

161. The measuring of quantity or vital capacity is most useful in private practice—the measuring of the respiratory power (is most useful) in selecting men for the public service. To determine the presence of disease and the presence of health requires a distinct series of observations, the duties in civil and military life being different.

162. It has been seen (42) that healthy men have a vital capacity which differs according to certain physical variations, while those men physically the same have the same vital capacity.

163. A difference of vital capacity in men of the same physical development can only be accounted for as the effect of some cause, and that, most probably, disease.

[Mr. Hutchinson then presents us with 164—2d Table—containing about 30 cases of phthisis pulmonalis which he has experimented upon, giving the vital capacity of each, in the healthy state, in the early stage of the disease, in the advanced stage, and then says—)

166. The healthy range, with the exception of the highest, is taken from men of the same physical development, being the mean of some hundreds of observations, the standard of health. The highest case is Freeman, the “American giant,” as compared with himself at different times.

167.

168. This man came over to England in 1842, in the November of that year, trained for a prize-fight; I examined him immediately before his *professional engagement*, when he might be considered in the “best condition.” His powers were as follows:—Vital capacity, 434 cubic inches; height, 6 feet 11½ inches; weight, 19 st. 5 lb.; circumference of his chest, 47 inches; inspiratory power, 5.0 inches; expiratory power, 6.5 inches. In November, 1844, exactly two years afterwards, he came to town in ill health. I then examined him in the same way as before, twenty times at various intervals, during which his vital capacity varied from 390 down to 340, and the mean of all the observations was 344 cubic inches, a decrease of 90, or more than 20 per cent.; his respiratory power had decreased one fifth, and his weight two stone. At this time I took him to two physicians well skilled in auscultation, and they both affirmed that they could *not detect* any organic disease. After January, 1845, I lost sight of Freeman, and in the October following, I was kindly favored with the following account of him from Mr. Paul, Surgeon to the County Hospital, Winchester.

169. “Freeman was admitted into this Hospital on the 8th of October, in an extreme state of debility and exhaustion; he was reduced almost to a skeleton, complained of cough, and was expectorating pus in large quantities. Percussion on the anterior part of the chest, *under the clavicles*, gave, on the right side, a very dull sound; on the left one, much clearer, but still I think less resonant than natural. I made but one attempt at auscultation, but could come to no conclusion, from a rather singular reason—the ribs were so large, the intercostal spaces so wide, and so sunk in from the extreme state of emaciation to which Freeman was reduced, that I could not find a level space large enough to receive the end of the stethoscope; could not, in short, bring its whole surface into contact with the chest. Freeman’s great debility, and the clearness of the diagnosis from other sources, prevented my repeating the attempt. Freeman, after death, measured 6 feet 7½ inches, and weighed 10 stone and 1 lb. On opening the chest, the lungs on both sides were found adhering by their apices to the superior boundaries of the thorax, and studded throughout their substance with tubercles.”

170.

171. The spirometer was useful to me in this case, by indicating the commencement of the disease which ultimately caused his death, and that *before* the usual means availed.



Another good illustration I may relate. A surgeon called upon me in full practice; he looked in *perfect health*, and said he was so. I measured his vital capacity, and found it 100 cubic inches below the healthy standard. Four months afterwards I heard he was ill, and that auscultation had given evidence of phthisis pulmonalis; a few months afterwards he died of that complaint. This gentleman looked so remarkably well when I first examined him, that I was led to doubt the extent of reliance to be placed upon the spirometer, but the result entirely removed this doubt.

172. Another gentleman, holding an elevated position under government, manifested a great deficiency of vital capacity, and that, too, when performing his duties; but within four months his death took place, and extensive tubercular disease was found in the lungs.

Another case presented itself in one of the men (J. S.) in the Queen's Company, Grenadier Guards. His height was 6 feet 4 inches; his vital capacity only 102 instead of (at least) 300 cubic inches. This man was given to me as a healthy case, but I classed him among the diseased; and upon inquiry, it was found that he had previously solicited to be relieved from certain physical duties. This is not the only case of low capacity in that regiment.

173. The last case I shall mention of this kind was a young man of 11 stone, and 5 feet 7 inches high, firm and muscular; his vital capacity was 47 inches below the mark. Within one week from this time I had an opportunity of examining his lungs, and found the left lung at the apex studded with miliary tubercles, the whole not extending beyond a square inch; the entire remaining portion was to all appearance healthy.

174. I have also had cases of a converse nature. A man who had gone the round of the principal hospitals, looked so ill that I selected him as a case for illustration of phthisical disease, but I found his vital capacity exceeded the healthy standard. I inquired about him eight months afterwards, and was informed that he had returned to work, and was *well*. A jeweller called upon me one day, and said he was told he had consumption, and having a large family, his mind in consequence was much depressed. I found his vital capacity exceed the natural or healthy mean; an explanation of the circumstance relieved the man's mind, and in four months he had so increased in weight and strength, that all his apprehensions were removed. I will not take up the time of the Society by relating other cases.

175. These results are no more than might be expected. It is evident that if a man breathe 200 cubic inches of air at 98, in his lungs there must be *200 cubic inches of space for air*. It is also certain that if this man expel at another time from his chest 20 *per cent. minus* that, some *cause* must produce *this effect*. It may be in the lungs, or it may not—the spirometer being a gauge in a two-fold sense, a measure for mobility as well as a measure for capacity—[which Mr. H. goes on to elucidate.]

181. I do not bring this forward with any view of superseding or precluding other physical means of examination, but, on the con-

trary, I wish to multiply physical means of observation, because all the deviations of form and volume of the great cavities indicating some abnormal state, are but too much obscured for want of more extended means of definitely examining them.

182. It will have been observed that the result of the examination of the diseased cases which I have given, particularly that of Freeman's, was to induce a conviction of the usefulness of the spirometer in an early stage of disease, more particularly in phthisis pulmonalis; and it may be asked, How is it that the difference of the vital capacity should be so great, and the organic disease apparently so little, as not to be detected by the ear? I cannot answer this question with certainty; but I feel strongly disposed to believe that a very small deposition of tuberculous matter will cause a considerable deficiency in the vital capacity.

Before I conclude, I may venture to draw the attention of those connected with insurance offices to the matter of this paper. Thus, the state of a man examined, and appearing like the three first cases in table x., would admit of little doubt but that such was an assurable life, while the other cases would be suspicious. From such a table of facts, any man can form his own judgment of a case, without being dependent on the opinion of another.

[Mr. Hutchinson concludes his interesting paper of about 120 pages, with the following.]

The matter of this communication is founded upon a vast number of facts—immutable truths, which are infinitely beyond my comprehension. The deductions, however, which I have ventured to draw therefrom, I wish to advance with modesty, because time, with its mutations, may so unfold science as to crush these deductions, and demonstrate them as unsound. Nevertheless, the facts themselves can never alter, nor deviate in their bearing upon respiration—one of the most important functions in the animal economy.

## CAJEPUT OIL AS A REMEDIAL AGENT.

To the Editor of the Boston Medical and Surgical Journal.

DEAR SIR,—In submitting to your consideration the subjoined remarks upon the use of the ol. cajuputi, I am influenced less by the desire of communicating than eliciting information. I am not aware to what precise extent it has been used in this country, neither have I been able to learn the indications which other practitioners have found it to answer. The expense of the article, and the consequent temptation to adulteration, doubtless, have deterred physicians from using it to any great extent. This valuable oil is principally manufactured on the island of Buoro, and thence exported to Holland. From Holland it is re-exported to the United States, paying a heavy duty, which correspondingly enhances its price. At the distilleries in Buoro and Amboyna, the oil is sold for about \$1 per bottle, averaging f 3 xxiv. each. But the



commerce being entirely monopolized by the Dutch, it is rarely that other nations can obtain it at this low rate. At Batavia, upon the island of Java, about 400 miles distant from Buoro, it is sold as high as \$5 per bottle. But I leave its history, to speak of its uses. Having obtained a couple of bottles of the pure oil direct from the Moluccas, I proceeded to experiment with the same whenever an opportunity offered in which I judged it could be used with advantage.

It was at first prescribed endermically for several cases of chronic rheumatism, which had hitherto resisted other treatment. Its success in these cases induced me to use it in others, which I have since done with like success. I should remark that the oil was applied freely, regardless of the restrictions so religiously enjoined by the Malays. From its almost instantaneous action in relaxing muscular spasm, in relieving spasmodic colic, and persistent singultus, I am induced to conceive that it operates directly upon the nervous system as a powerful antispasmodic. I have administered it in several cases of flatulent colic, and invariably with the happiest results. The effect has been instantaneous in relaxing the spasm, and the regurgitation of flatus has given immediate relief. A few drops, four to six, taken in water or upon a piece of sugar, will arrest the spasmodic action of the diaphragm in singultus, with the greatest certainty. Conjointly with its internal administration, fifteen or twenty drops may be applied externally to the epigastrium. Diluted with three or four parts of ol. amygd. dulc. I have found it an excellent application for deafness resulting from deficient or hardened cerumen. For this purpose a few drops of this mixture may be placed within the external meatus upon a dossil of cotton, while the pure oil is applied anteriorly to the ear, directly over the facial nerve. As an odontalgic it is far superior to the ol. creosoti, and, applied directly to the exposed nerve, often relieves the pain entirely.

But I am trespassing upon your patience, and forbear enumerating further indications, lest your readers suspect me of wishing to immortalize myself as the discoverer of another "golden drop." I confess my aspirations are not restricted to success in the practice of my profession, but compass the acquisition of those *golden drops* more essential to life than the far-famed elixir of Paracelsus.

In conclusion, allow me to suggest that, if I am correct in my views of the *modus operandi* of the article under consideration, might we not hope some more signal advantage from its use in colica pictonum, spasmodic cholera, tetanus, and other spasmodic diseases.

Southampton, L. I., June 11th, 1847.

Respectfully yours.

J. A. PRESTON.

#### CONGENITAL HYDROCEPHALUS.

To the Editor of the Boston Medical and Surgical Journal.

DEAR SIR,—A case of congenital hydrocephalus connected with spina bifida, or rather a fissure of the lumbar vertebræ, presenting the appear-

ance of a recent cicatrix of a burn, came under my observation this day. The head of the foetus measured  $15\frac{1}{2}$  inches from the base of the occiput to the base of the frontal bone; from the top of one ear to the top of the other,  $13\frac{1}{2}$  inches; round the head,  $18\frac{1}{2}$  inches. The frontal, occipital and parietal bones were as large as usual in an eight months' foetus, but not connected, the sutures having separated and given way; the bones were detached and floated in the fluid, feeling like distinct, isolated flattened shells. The temporal bones appeared to be comminuted, attended with a crepitous feeling and sound.

The fissure in the lumbar region was  $2\frac{1}{2}$  inches long and  $1\frac{1}{2}$  broad. Varus of both feet.

There was an unusual quantity of liquor amni. Labor preternatural—feet presenting.

*Boston, June 21st, 1847.*

Yours, very respectfully,

S. B. JR.

[Dr. B. asks the question—Are cases of this kind of very common occurrence? Correspondents will contribute to the archives of the profession by answering him—and, if possible, he would like detailed circumstances and admeasurements.—ED.]

## THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, JUNE 30, 1847.

*A Review of Dr. Gay's Statement.*—We have the pleasure of presenting to our readers a very interesting review of Dr. Gay's vindication of Dr. Charles T. Jackson's claims to the discovery of the applicability of sulphuric ether for the prevention of pain, and to its application in surgical practice, by Dr. John B. S. Jackson, an eminent physician of this city, who has recently been appointed Professor of Pathological Anatomy in Harvard University. It is proper to add that he is not, as might be supposed, related to Dr. C. T. Jackson.

*Coastwise Health Excursion.*—Proposals have been issued in Boston, for receiving invalids on ship-board, for a grand marine excursion on the coast of New England—a vessel of four hundred tons, perfectly equipped, even to the accompaniment of a surgeon—an essential matter—having been secured for the purpose. “The proposed voyage will occupy about six weeks. The price of Tickets will be \$100 for each Berth, including Board, the privilege of Boats, Lines, Baths, and every other convenience for enjoyment which the vessel affords. The number of Berths can in no case exceed one hundred; and no Berth will be considered as secured until a Ticket is taken; therefore those who wish to secure Berths, will do well to apply at once.”

From the Mail, we learn that “It is proposed to visit all the principal ports, islands, watering-places, fishing and fowling grounds on the New



England coast, from Nantucket and Cape Cod, 'all along shore' to the mouth of the St. Lawrence and the coast of Labrador, including the most famous resorts of the Mackerel and Cod-Fishing fleets, both English and American; affording the most abundant opportunities for exercising the 'fishing-rod' and 'shooting-iron,' for surf bathing and shore exercise, with the greatest possible variety of incident and scenery, on ship and shore."

An opportunity like this, for receiving the full benefit of sea air in perfect comfort and security, has never before been presented in this port. Medical gentlemen in the country should bear it in mind, for the sake of chronic patients. Ladies are not to be taken; not a female servant is to be admitted on board—which seems to be an unnecessary restriction, since all the first class vessels are so finished that ladies would have all the accommodations they might require. There would be many advantages in having them join the expedition—two of which would be, that feeble, sickly females would, themselves, derive incalculable benefit from the cruise; and their presence would also ensure decorum. Men, by themselves, and especially when valetudinarians, become morose, inattentive to the demands of the toilette—and, in short, they too often turn demi-savage, when without the wholesome, restraining influence which the presence of a well-bred woman imparts. It would give us much pleasure to call on the agent in behalf of persons desirous of joining the expedition, and make sure of a berth for them. Were the originators of this excellent sanatory scheme to modify their plan so as to permit gentlemen in bad health to take their wives with them, it would add greatly to their profit, and actually very much enhance the value of the undertaking. J. S. Houghton, No. 16 State Street, is the agent.

---

*Tremont Medical School.*—A new system, in regard to the study of medicine, is growing into favor in New England. Formerly it was the custom of practitioners to receive an occasional pupil; those who stood high in public estimation received the largest number, as it was naturally supposed that the opportunity of acquiring clinical knowledge of diseases was better with them than under the guidance of gentlemen of limited practice—very little being said or thought about the superior qualification of one man over another on the score of educational qualifications, or the advantages to be derived from choice libraries and fitting apparatus. When the students were gathered at the colleges for the autumnal lectures, they were strangers to each other, and it was a singular fact that no prescribed course of reading, calculated to prepare them for profiting most at an annual course of lectures, existed. Out of the elements of the old plan of medical pupilage, an admirable scheme has been gradually developing during the last few years, particularly in Boston, which is becoming more important with each returning season. These remarks are made in consequence of an examination of a printed Catalogue of the Students of the Tremont Medical School, of this city, which has evidently established a reputation that could only have been acquired by the indefatigable exertions of all the instructors. Order, the foundation of success, is a characteristic of this thrifty, though quietly conducted institution. From the period of its organization, in 1838, to the present moment, no relaxation in carrying on the plan of exercises has occurred. The advancement of the pupil, from one step to another, is pursued with a devotion to his interests, proportioned to the weight of responsibility that will rest on him when he becomes a practitioner. Exer-

cises in theory and practice, clinical medicine, obstetrics and diseases of women and children, anatomy and physiology, surgery, clinical surgery and chemistry, are pursued uninterruptedly till the lectures of the medical college commence in autumn, when three or more examinations take place weekly, on the subjects of the professors. By the printed catalogue, the classes appear to have been increasing from year to year, till the names of forty-three were registered the present season. This evidence of the popularity of the school, exhibits the confidence of the public in the personal efforts of those on whom devolves the labor of instruction.

In referring thus particularly to the Tremont Medical School, we would by no means have it understood that we are not equally interested in other private schools of the city, engaged in the same elevated pursuit. The receipt of a printed pamphlet, containing the names of the students and teachers in the above-named school, together with a plan of instruction, led to an examination of its history, objects and prospects, which we might not otherwise ever have known, and we take the liberty of suggesting to other instructors to make known the state of their schools in the same way. It would be a convenience to friends, to the students themselves, and to medical strangers who may be in the city.

---

*Medicated Baths.*—Mr. May's advertisement, in this Journal, is a guide to his very elegant establishment in Cambridge Street. To be certain of the effects which could be produced by his apparatus, we passed through the process last week—not with a whole skin, for all that is superfluous is absolutely taken off in the bath. In rheumatic diseases, it must be admirable; and so of many other complaints known to physicians as particularly obstinate. Besides the excellency of the baths, when prescribed for invalids, it should be remembered that the house is also open as a private hospital, where medical gentlemen of the city can have their out-of-town patients cared for and nursed in the best manner. This will be felt to be a convenience, and we therefore hope that the place, and its capacity for accommodating strangers sojourning in town for medical advice, will be duly appreciated. •

---

*Practice of Medicine.*—If the physicians of the United States are prone to write, it is also true that they generally exert themselves to do it well. It will be granted, without hesitation, by the readers of American Journals, that our physicians are unwearied in the collection of cases, and in recording the results of personal observation. Occasionally, a bold, energetic practitioner strikes out a new course, and surprises us by the extent of his professional erudition, exhibiting the national characteristic of bracing his propositions by such evidences as the phenomena of diseases furnish those who watch their varying shades. Of this class is Dr. Geo. B. Wood, of Philadelphia, a professor in the University of Pennsylvania; who, although known extensively as one of the authors of the Dispensatory, has surprised us with the magnitude as well as brilliancy of his researches in practical medicine. Two large octavo volumes, under his name, are fresh from the press of Messrs. Grigg, Elliot & Co., Philadelphia. Without particularizing subjects, it is allowable to say that the whole work is written in a calm, dignified style, that commands our respect, and impresses the reader very favorably, even before he has examined one half of the leaves. Dr. Wood may, perhaps, be handled with some freedom by foreign reviewers,



but an enemy would feel guilty of doing a mean act, who should attempt saying what was unjust about this praiseworthy achievement. Readers who can only slide over the surface, without dipping down deep into the reasonings of an author, will not be pleased with this profound treatise, because it requires an exercise of the intellect which they have not the organization for sustaining. The reader of Dr. Wood must think and digest, as well as read, or he will derive no advantages from the perusal. Some authors, like snow in sun-shine, melt away on being exposed to a medicoliterary atmosphere, while others grow firmer under the pressure of the severest criticism.

Ticknor & Co. have copies, where those taking an interest in the progress of practical medicine, will find it on sale.

---

*Indian Doctors.*—All the Indian doctors and doctresses, who swarm on our sea-board, are sturdy impostors. From a personal examination and inquiry among some of the far-off western tribes, made in 1844, with reference to ascertaining what medical skill the American Indians really possess, we came to the conclusion that they could neither ascertain the cause or character, or prescribe for any disease, upon common-sense principles. The following recent efforts of some of the Chippeway faculty, published by a resident near them, corroborates our own observations. When the medicine man, who is also a profound wizard, does undertake the office of physician, the patient is placed in a lodge or wigwam made very secure from the observation of those outside. "The doctor having thoroughly examined him, and become sufficiently advised as to the locality of the disease, from the position of the pains, &c., proceeds to screwing up his drum, to give it the tone suitable for the case, to placing the proper number of rattles in his medical gourd-shell, to sacrifice some tobacco to the devil to induce him to withdraw his evil influence (believing the good spirit to be always willing to favor them), and to take from the sacred medicine bag (generally some skin fantastically trimmed off with ribbons and beads) those stones and minerals which, when brought to view of the patient, infuse into him that salutary and believing state of mind, so necessary to a beneficial effect of the doctor's supernatural exertions which are to be made in his behalf. The doctor next works himself into a limber and pliant state of body by means of a steaming operation, with water and hot stones.

"If the disease is confined to any particular part of the body, the doctor applies a hollow bone to the spot, and endeavors by sucking to remove the object which occasions the suffering, believing it to be a piece of stone, iron, or some substance thrown into the person's body by the magic art of an enemy. If the seat of the malady is not satisfactorily ascertained, but diffused, generally, the only cure is by a faithful and unceasing drumming and rattling, until the patient is either dead or acknowledges some relief, and begs for quarter. The doctor presently produces to the patient a piece of glass, iron or stone, and assures him that it came out of his body; upon which the patient feels easier and soon recovers, especially if the disease is hypochondriacal in its nature.

"The effect of their system of doctoring upon children is most ruinous, some dozen of them having been drummed out of existence in as many days, while at Lapointe, Wisconsin, waiting for their payment. While I am writing there are three of their drums in operation in as many lodges for sick children; two coffins have been made since last evening, for children

who have been drummed to death in that length of time. One of these operators had a child sick, and after exerting his power and skill, to no effect, called in two brother doctors, saying to them that he knew their power was greater than his, and that they could save the child, for 'he could almost do it himself.' They fell to work, and in a few minutes, when the father saw the child dying, he told them that their power was 'less' than his, and seized a drum, and went to drumming most furiously around and over his child, which he discovered to be dead, whereupon he set up a most piteous lamentation."

---

*Infantile Diseases.*—Mr. Roper, of Thornton, Heath, describes two cases of disease terminating fatally in infants, the nature of which was not ascertained clearly in the first, even by a *post-mortem* examination; and in the second, only in consequence of the autopsy having been made. The symptoms in both cases were regarded as indicative of gastro-enteric irritation, and were treated accordingly, with at first some improvement, which, however, soon ceased. In the first case, the only appearance of disease discovered after death, besides emaciation, was a mottled appearance of the kidneys. The other viscera were healthy. In the second case, which, in addition to the signs of gastro-enteric irritation, was characterized by a trifling cough, some little oppression of breathing, and a pallid countenance, death occurred suddenly. The abdominal viscera were healthy, as were also the lungs; the heart was at least twice the usual dimensions, with hypertrophy of the parietes; valves sound; the pericardium contained about half an ounce of serum; some of the mesenteric glands were enlarged. The little patient, a male, was about four years old.—*London Lancet*.

---

*The Quarantine at Grosse Isle, Montreal.*—If this establishment was ever of use, which we much doubt when we consider its origin, that use is unquestionable now. A very large immigration is daily arriving, with an unusual amount of sickness; one vessel alone losing as many as 70 on the passage. The principal diseases are smallpox and typhus, of the latter of which the ship fever is a malignant modification. By a letter received from Dr. Douglas, the medical officer, we learn that there are 700 sick at the present moment on the island. The duties proving too onerous for one, he has lately received the assistance of three other physicians. Tents have been sent down for the accommodation of 10,000 persons; and infected vessels are compelled by an order of Council to serve a quarantine of ten days, during which a thorough ventilation and cleansing are at the same time effected.

As far as this city is concerned, precautionary measures are being adopted. Although we may be permitted to doubt whether we will have during the summer more than the average of typhus which prevails among the immigrants, yet prudence has caused the erection of temporary hospitals at the "sheds" for the especial accommodation of such fever cases as may arrive at our port.—*British American Journal of Medical Science*.

---

*Post-mortem Examination of a Case of Psoas Abscess, complicated with Morbus Coxarius.* By CHARLES W. STEVENS, M.D., St. Louis.—The subject of this case was Joseph M'Neil, of this city; he had been visited



by many physicians of the place, and it is for this reason, and on account of the rare complication, that I consider it of sufficient consequence to make a report of the *post-mortem* appearances ;—Found the body much emaciated, and upon the middle of the anterior surface of the thigh, an opening, from which issued fetid pus. On exposing the posterior surface of the abdominal cavity, found a large sac extending along the course of the *psoas magnus* muscle ; opening this, and tracing upwards, we found the bodies of the second, third and fourth lumbar vertebræ in a carious condition ; the body of the third was completely destroyed. The lower extremity of the sac terminated in a sinus passing through the crural arch ; making an oblique incision upon the anterior surface of the upper extremity of the thigh, found the capsular ligament, synovial membrane, and ligamentum rotundum, completely disorganized, and the head of the femur, with the whole acetabulum, in a state of caries ; a portion of the os pubis was also in the same state, at the point where the sinus passed over it. A sinus extended from the joint, meeting the other sinus near the opening upon the thigh. The patient had been attended, just prior to his death, by Drs. Sykes and McMartin, and I had not seen him till invited to make the examination. A full report of the case would form an interesting article for publication.—*Missouri Medical and Surgical Journal*.

*Medical Miscellany*.—Mr. Burnett, Tremont Row, has imported a few of those beautiful compound microscopes, which are useful in an eminent degree to naturalists and medical philosophers.—Professor Morehead, of the Chair of Theory and Practice in the Ohio Medical College, Cincinnati, has resigned his place.—Sickness among the troops at Santa Fe was subsiding at the last intelligence.—It is gravely asserted that a person is now living on Long Island, N. Y., who is 150 years old ! A woman was living in Russia, last year, if we recollect rightly, 160 !—Dr. Nargas has been elected Vice President of Venezuela.—By a decree of the Landrath of Glaris, in Switzerland, all young men are interdicted from marriage before they are 22 years of age, and the females before they are 20.—The number of births in the British metropolis, in the first week in May, was 1,276, of which 622 were male, and 654 female. The number of deaths was 983—503 male, and 480 female.

---

MARRIED.—At Hartford, Conn., Joshua Wallace, M.D., to Miss A. L. Shippen.—At Washington, D. C., Dr. John L. Fox, U. S. N., to Miss M. E. Morris.

---

DIED.—William Phillips, M.D., late of Bristol, Bucks Co., Penn., 24.—At Hinsdale, Mass., Dr. Abel Kittredge, a good physician and a benevolent man, 74.—At Saute de Ste Marie, Dr. Hugh T. Prouty, of Mohrsville, Ohio, drowned by passing over the Falls.—At Guayaquil, Dr. J. J. Olmedo—a man of such high repute that funeral honors were declared by the President in token of general esteem.

---

*Report of Deaths in Boston*—for the week ending June 26th, 78—Males, 42—females, 36—Stillborn, 5. Of consumption, 9—typhus fever, 22—scarlet fever, 2—lung fever, 3—brain fever, 1—childbed, 1—infantile, 5—scrofula, 1—disease of the hip, 1—disease of the bowels, 3—disease of the heart, 1—inflammation of the lungs, 2—inflammation of the bowels, 3—mortification, 1—intemperance, 1—scalds, 1—dropsy, 2—pleurisy, 4—accidental, 1—dropsy on the brain, 3—convulsions, 1—diarrhœa, 1—worms, 1—marasmus, 1—debility, 1—cancer, 1—dysentery, 1—old age, 1—tumor, 1—rheumatic fever, 1—hooping cough, 1.

Under 5 years, 23—between 5 and 20 years, 8—between 20 and 40 years, 24—between 40 and 60 years, 17—over 60 years, 6.

*Army Medical Statistics.*—The British and Foreign Review quotes the following observations in a review of "French Military Memoirs." They might afford some useful suggestions at the present moment, when the improved condition of the English soldier is so much an object of solicitude:—"We know that the mortality of the army weighs particularly upon the young conscripts; that it is increased by the change of garrisons; that it is greater in some places, as in Paris, or in localities affected by epidemics, than in others; but medicine has scarcely contributed to these results; they almost all belong to the labors of the administrative department. And if we are asked what are the most common diseases, and in what proportion do they attack soldiers, according to their age, length of service, distribution, their former profession, and a thousand other circumstances, we can only give approximative data, which might very easily be rendered certain, if we collected observations of the diseases. What one man could not do, several, by their co-operation, might easily accomplish. Our profession does not admit of repose; and in the intervals of practice we ought to strive unceasingly to increase our knowledge, and to extend the sphere of our usefulness."

"In military medicine, especially," says M. BEGIN, "statistics ought, as regards the modes of recruiting, the race of men, their regimen, drill, clothing, dwellings, removal from one climate to another, to lead to precise results, which it would be impossible to procure with the same degree of certainty in any other way. Figures, as has often been remarked, are inflexible, and cannot speak falsely; but we must exert ourselves to collect them, and group them according to their analogies; we must require from them only legitimate conclusions, and must bear in mind that the greater the numbers the more surely will the errors arising from negligence, or individual accidents, be cancelled, and truth predominate in the general result."

---

*A Substitute for the Vapor of Ether to annul Sensation during Operations.* By DR. DAURIOL.—At midsummer, when vegetation is at its height, solanum nigrum, hyoscyamus niger, cicuta minor, datura stramonium, lactusa virosa, are gathered, and a sponge is plunged in their juice freshly expressed. The sponge is then dried in the sun, the process of dipping and drying is repeated two or three times, and the sponge is then laid up in a dry place.

When the sponge is required for use, it is soaked for a short time in hot water; afterwards it is placed under the nose of the person to be operated upon, who is quickly plunged into sleep, more or less deep, according to the susceptibility of his nervous system. The operation may then be proceeded with, without any fear that the patient has any sensation of pain. He is readily aroused from the stupor by a rag dipped in vinegar, and placed to his nose.

M. Dauriol records five cases in which he has successfully employed this means of bringing about insensibility during operations.—*Journal de Toulouse.*

---

*Painless Surgical Operations.*—It has been announced that a Committee is in progress of formation "to award some suitable recompense" to the discoverers of the newly-found remedy for the prevention of pain, and to take into consideration the propriety of appealing to the public.—*Lancet.*



THE

BOSTON MEDICAL AND SURGICAL JOURNAL.

---

VOL. XXXVI.

WEDNESDAY, JULY 7, 1847.

No. 23.

---

CASE OF LIGATURE OF THE CAROTID ARTERY, FOLLOWED BY  
SECONDARY HEMORRHAGE AND RECOVERY.

By Geo. Hayward, M.D., One of the Surgeons to the Massachusetts General Hospital.

[Communicated for the Boston Medical and Surgical Journal.]

AN Irish laborer, 30 years of age, was brought to the Hospital on Monday, January 27th, 1847, in consequence of injuries received the afternoon before, while blasting rocks in a neighboring town.

The right thumb had been removed by a surgeon who saw him soon after the accident, and the left was amputated near its middle. All the fingers were lacerated to a greater or less extent, and there was a severe compound fracture of the ring finger of the left hand.

The most important injury, however, was about the head and face. The left eye was destroyed, and the right was so filled with gun-powder and other foreign substances, that it was not easy at first to determine what was its precise condition. There was also on the left side a severe contused and lacerated wound, extending from the ear to within an inch of the symphysis of the jaw. The mastoid muscle was torn off just below its origin. The facial artery was divided but did not bleed, and there was no hemorrhage of consequence from any vessel. The jaw was broken in several places, the fractures extending from the angle almost to the symphysis. There were no less than five fractures; the coronoid process was broken off, and the bone denuded in several places. One of the fractures was in a longitudinal direction of great extent, communicating with the dental canal. The fragments of bone, though loose, could not be removed without cutting away some of the soft parts, and they were therefore left.

For the first few days he was comfortable, suffering but little, except from the socket of the left eye, in which a copious suppuration was going on. On the first of February he was attacked with delirium tremens, which continued for a week, and then passed off, leaving him as well as before it came on. During this time the wound was so offensive as to render it necessary to keep the patient in a room by himself, and he was carefully watched, as there was reason to think, from the depth and situation of the wound, as well as its character, that hemorrhage would occur when the sloughs separated.

On the 10th of February the wound was perfectly clean, with a healthy granulating surface, six inches long, four wide, and two deep. The fetor

being entirely gone, the patient was removed back to the ward, and directions given to the attendants to make compression if bleeding should occur. This took place on the morning of the 12th, but was controlled at once by pressure, so that a small quantity only of blood was lost. At my visit at 11 o'clock, there was no bleeding, but it recurred at 1 o'clock, P. M., when I was sent for. On my arrival, in an hour after, I found two of my colleagues, Drs. Townsend and S. Parkman, already with the patient. The hemorrhage had been immediately checked by pressure made with a small piece of sponge on the spot from which the blood issued. I proceeded at once to tie the carotid artery. The vessel was not come at so readily as it would have been under ordinary circumstances. The mastoid muscle, being cut off near its origin, had contracted into a round, firm body, and the cellular membrane in the neighborhood was infiltrated with bloody serum, so that the relative position and the appearance of the parts were somewhat altered.

The artery, however, was secured without much difficulty, and firmly tied with a strong ligature. The wound was dressed in the usual simple manner. All pressure was taken off from the part where the blood had issued, and there was no pulsation in any vessel given off by the common carotid of that side. The patient was but little disturbed by the operation, and said that he felt more comfortable than he had done at any time since the accident, owing probably, in part, to the fact, that he was relieved of the apprehension of hemorrhage.

His pulse, immediately after the operation, was 112; it fell the next day to 84, though he complained of headache. Everything seemed going on well till the morning of the 15th, when he said that he had suffered very much in the night from pain in the head; the skin was hot, and the pulse 112, though it became less frequent in the course of the day. Towards evening hemorrhage took place from the spot where the original bleeding occurred; a small quantity only was lost, and it was controlled by pressure. He bled again on the 20th, and also on the 23d. At each time the amount lost was trifling, as an attendant was at hand who made effectual pressure at once on the part. I was not sent for, and did not see him at either of these times. I felt confident, however, that he would bleed again, and therefore gave directions to be called whenever it should occur.

On Friday, the 26th of February, the ligature came off from the artery; the wound from the operation was nearly healed, and there was no pulsation in any vessel on that side of the head. In the evening of the same day the bleeding recurred; pressure was made at once with a piece of sponge, and when I arrived I found an assistant still pressing firmly on the part.

There was no doubt that the blood was arterial, and it was equally certain, from the statements of those who were with the patient, that it came from a large vessel. It flowed principally from the same spot at which it issued at the first bleeding, and its direction showed conclusively that it was furnished by vessels within the cranium. The proper course, I thought, was to remove that part of the jaw that prevented a ready ac-



cess to the bleeding vessel, then secure it by ligature if possible, and if this could not be done, apply the actual cautery. Having made the necessary arrangements to accomplish this, the pressure and sponge were removed, but to my surprise no bleeding followed. I then proceeded to remove the coronoid process, that had been broken off from the body of the bone at the time of the accident, but was still held in its place by the soft parts, and all that portion of the jaw that covered the bleeding vessel. The finger could then be passed upwards and backwards something more than an inch towards the base of the skull. At this point a strong pulsation was felt, and also a piece of bone that had evidently been detached from the jaw at the time of the injury, and driven into its present position. On removing this spiculum of bone, which was an inch long and two lines wide, a jet of blood, equal to that from a divided radial artery, gushed out. I arrested it by applying my finger to the bleeding vessel. I was now satisfied that it could not be taken up at this place. It would be impossible to carry any instrument by which the artery could be got hold of to such a depth through so narrow an opening; and even if this could be done, I did not see how a ligature could be passed around it. The actual cautery, therefore, appeared to be the only thing to be resorted to at that time, and if the bleeding should recur, the jaw might be disarticulated, and attempts could then be made to tie the vessel with a greater prospect of success. An iron, with a ball of half an inch diameter at its end, was heated to a red heat, and I applied it directly to the bleeding artery. The hemorrhage ceased at once. The pulsation, however, could still be felt by pressing on the eschar, and when this was slightly moved by a probe, a little bleeding followed. I therefore applied the heated iron a second time, and the bleeding and pulsation were immediately arrested. A cloth dipped in cold water was applied to the wound, and a piece of oiled silk laid over this. He suffered less from the actual cautery than I had anticipated; he slept a considerable part of the night, and was quite comfortable the next day. He never bled again; his convalescence was rapid; the wound healed well; no slough came off from the part on which the iron was applied; he regained almost entirely the motion of his jaw, and was discharged well on the 22d of April.

There are two or three points in this case that are perhaps worth alluding to.

The first bleeding did not occur till two days after the sloughs had been thrown off from the wound, as far as it could be seen; showing that the artery did not slough at so early a period as the other soft parts. This is a fact of some practical importance, as it teaches that the danger of hemorrhage is not over in cases of contused wounds, when the principal part of the sloughs separates, and that the patient should be carefully watched for some days after.

The recurrence of the bleeding after the ligature of the carotid was probably owing to the spiculum of bone that had been driven into the vessel, and thus prevented it from closing, as it would have been likely to have done under ordinary circumstances.

The actual cautery was entirely successful. The pain produced by

its application was not excessive nor long continued ; and even admitting that it had been so, this now ceases to be an objection to its use, as we have it in our power to render patients insensible by the inhalation of the ether. It was speedily done, and no parts were mutilated or injured by it in the slightest degree. It is somewhat doubtful whether a ligature could have been applied under any circumstances to this vessel, so as to stop the bleeding ; it certainly could not have been done without removing a large part of the lower jaw of that side ; subjecting the patient to a severe and tedious operation, which, under the most favorable circumstances, would have left him in a much worse condition than he now is.

*Boston, July 1st, 1847.*

## RETREAT FOR INVALIDS IN FLORIDA.

[Communicated for the Boston Medical and Surgical Journal.]

To Dr. Augustus Mitchell, Portland, Me.

DEAR SIR,—Your much-esteemed letter of the 16th inst. was received to-day, and while I thank you for your attentions, I must apologize for my own apparent neglect. I received the pamphlet containing the proceedings of the body at which Gen. Dearborn was president, relating to the formation of a botanical garden in Florida, and I intended to answer it as soon as I had settled my purchase of the place which I now hold on Lake Munroe. *I have found a climate superior to any that Cuba or Italy can boast, with a locality having most valuable mineral springs, some sulphureous, others chalybeate, and one strongly saline, with a uniform temperature of 76° Fahr., while the spot is accessible at all times by steamboat from Charleston, from which it is distant only fifty-two running hours.* This place is named Enterprise, which I have bought, with Mr. Robert Polk, from Maj. C. Taylor ; and we now have a saw mill cutting lumber to build additional houses for invalids. We have every assurance that the place will be as full as we will permit it to be next winter ; and having rented the house to J. C. Hemmings, Esq., who will keep a good table, we will devote ourselves to extending the accommodations. We would much like to form a company, as with a sufficient capital, say some 20 or 30,000 dollars, there is not the least doubt that the place will draw invalids from every part of the States. I propose writing an article on the climate of Florida, giving the rates of the thermometer, &c., and publish it in the American Journal of Medical Sciences, so that this place may become generally known. Its reputation is, however, sufficiently extensive already to fill all the houses we have, or those that would probably be erected for several years yet. But I am myself so rejoiced (to use a proper term) with my success in finding a place adapted to consumptives in our own country, that I am anxious to let it be known extensively. You will not accuse me of interested motives in thus praising Enterprise, when I inform you, that with the exception of the mineral springs, there are localities enough around the Lake, and just as good as ours, for all the companies that may be formed. Indeed, I would rather postpone the



formation of a company until after next winter, as I know that our place will then become better known and more valuable in its advantages. At present we calculate on a profit of 20 per cent. ; and when we build, as we intend, a few more comfortable and convenient houses, we must realize a much greater profit. You may safely give me as authority that no better climate than the one I have just written of exists in the West Indies ; in fact, not as good a one. I had invalids under my care with tubercles *softening* and large caverns in one lung, who would have sunk under the debilitating heat of Cuba. These men drank freely of the sulphur waters, and would eat venison suppers that would startle a Grahamite, and grew fat and strong on the diet. You must pardon my enthusiasm, for I myself sought a spot in Florida as a *dernier resort*, well knowing, from my experience the preceding winter in Cuba, that I would have sunk, had I gone there, expectorating as I did large quantities of tubercular matter, and prostrated by almost constant night sweats. I am *now* stronger and with firmer muscles than I have ever been after a trip to Cuba.

Let me know the feeling of the good people of Boston about the formation of a company, and we can then probably make arrangements which will suddenly build up a winter Saratoga on Lake Munroe. It is not, however, a proper place for a botanical garden, for which you must go far enough south to escape frost and exposure of the plants, at least so I think, but know little of horticulture. I desire you would let me hear from you frequently and soon. And believe me to remain truly

Yours,

Charleston, S. C., May 22d, 1847.

F. WURDEMANN.

#### REMARKABLE CASE OF DROPSY.

To the Editor of the Boston Medical and Surgical Journal.

DEAR SIR,—I submit to your disposal the following case. With its early history I am not well acquainted, therefore cannot speak decidedly of its origin.

Mrs. D——, aged 45. Has been troubled with dropsical complaint more or less for three years ; for which she has from time to time received medical aid.

Last January Dr. Winslow Lewis was called to see her, and found her suffering extremely from ascites, arising from some disease of the right side of the heart, or obstruction, or sluggishness in the veins.

February 8th.—Patient very feeble ; pulse small and tumultuous. Much difficulty of breathing. Troublesome cough. Abdomen large. It was thought extremely hazardous to perform paracentesis abdominis ; but being the only hope of relief, it was done, and two and a half pails, or thirty quarts of fluid was drawn. During the operation the pulse sank, a spasmodic action of the diaphragm took place, followed by gasping for breath, and a speechless stupor which lasted several hours.

9th.—Patient rested well, but could not lie down. Pulse fuller and

stronger. Some cough. Much recruited. Prescribed gentle cough mixture, tonics and diuretics.

March 31st.—Patient has remained much the same as at the last date. Fluid accumulated gradually. Patient extremely low. It was thought she could not survive the operation. Paracentesis was finally resorted to, and two and a half pails of fluid taken. At this time the patient suffered more than at first.

April 1st.—Patient passed a comfortable night, but did not lie down. Is some better. Prescribed tonics and diuretics. Infusion of juniper berries, and solution of bitartrate of potassa, to be taken on alternate days as common drink. Patient is somewhat recruiting.

27th.—Patient has not been able to lie down for four days and nights, on account of pressure on the thoracic viscera. Performed paracentesis abdominis, and drew three pails of fluid. Patient sank as usual, and suffered violent spasms. Was unable to speak during the afternoon.

28th.—Patient comfortable. Laid down and rested well during the night, which she has not been able to do before. Patient coughs still; raises a viscid mucus. Prescribed cough mixture, and the infusion of juniper, and solution of bitartrate of potassa. The patient continued comfortable some days. Began to think of recovery. Her appetite became good; she was cheerful; could, with difficulty, walk across the floor.

May 15th.—The patient is again full, but not so feeble as usual. Looks cheerful; pulse natural. Performed the operation by introducing a small trocar. The fluid escaped much slower, and gave the thoracic viscera time to accommodate themselves to the space allowed by absence of pressure. No spasm or distressing symptom of any kind followed. Patient conversed in a pleasing manner during the operation.

16th.—Is much better. Rested well during the night. Is cheerful. Expects to visit her mother in two weeks. Continue the same treatment as before.

25th.—Was called to perform paracentesis abdominis. She stated that she had been much better, and was preparing to visit her mother in the country, when, on Friday last, while walking in the street, she became suddenly distressed, and called for a carriage. "She was terribly distressed, and felt as if she was filling up." Drew off three pails of fluid. Drew it very slowly to prevent oppression.

26th.—Is much better. Thinks she shall go to the country soon. R. Tincturæ iodinii comp., ℥ ij. Dose fifteen drops three times daily in a little sweetened water.

28th.—Is still better, but fancies she cannot take the medicine. Gave the following. R. Elaterii, gr. j.; spiritus ætheris nitrici, f ℥ ij.; tincturæ scillæ, oxymellis colchici, āā f ℥ ss.; syrupi, f ℥ j. Ft. mist. Dose, teaspoonful three times daily in a little water.

June 5th.—Patient fails. Appetite good. Pulse natural. Considerable œdema; cannot rest; a distressing sense of weariness and languor steals over her.

17th.—Have called daily since the last date. Patient very low and stupid. Performed paracentesis, and drew very slowly rather more than three pails of fluid.



20th.—Have called daily. Patient has never recruited since the operation. Very drowsy. Cannot talk. Is conscious, but takes very little notice. Died on the 21st.

M. BEMIS.

*Boston, June 29, 1847.*

# MEDICAL MEETING—ORANGE COUNTY, VT.

[Communicated for the Boston Medical and Surgical Journal.]

THE Medical Society of Orange County held its annual meeting at Chelsea, June 17th, inst. After being called to order by the President, and some preliminary business done by the Society, an address was delivered by Dr. H. H. Niles, of Thetford, in which he faithfully exhibited the objects and advantages of medical associations. This address was followed by one from Dr. W. Carpenter, of Randolph, upon retiring from office as President of the Society. His subject was the improvements in medical science, especially in pathological anatomy. These addresses were characterized by many truthful and valuable sentiments, presenting to the inquiring mind a large and inviting field for medical study and improvement.

The officers of the Society were then elected by ballot, as follows:—President, W. Carpenter. Vice President, H. H. Niles. Secretary and Treasurer, J. R. Morse. After which the meeting was adjourned to meet at 1½ o'clock, P. M.

Met agreeably to adjournment, and Dr. C. B. Chandler being called upon, presented and read a dissertation upon the subject of the autumnal fevers of our climate. It was defined as a continued fever, of a non-contagious character, assuming sometimes a mild and sometimes a severe form; the treatment to be adapted to existing symptoms, or the pathological condition, which required usually a mild antiphlogistic course. The above dissertation being laid before the Society, its sentiments were faithfully examined and closely criticized by different members of the same; the majority, however, concurring in the non-contagious nature of the disease, as well as in most of the other important views of Dr. C.

Some interesting cases were then reported to the Society by different members, the nature and treatment of which called forth a lengthened discussion from members of the association, after which the meeting (which was very fully attended) adjourned, each member seeming to feel more sensibly than ever before the advantages of such associations.

*Chelsea, Vt., June 21, 1847.*

J. R. MORSE.

## DR. DICK'S ALPHABETICAL NOTICES OF SUBJECTS CONNECTED WITH THE TREATMENT OF DYSPEPSIA.

[Continued from page 415.]

CONDIMENTS.—Condiments fulfil two ends. They gratify, during the act of mastication, the gustatory sense, and when justly selected and

used, they undoubtedly facilitate, though unconsciously on our parts, the act of digestion. There can be no doubt that, by divine provision, our gustatory predilections, as regards condiments, are, when simple and unsophisticated, precisely those which are necessary or favorable to perfect chymification. Thus the use of common salt is so universal as to seem the result of a sort of instinct. As chloride of sodium, it serves us as a condiment in the first place; and afterwards, its hydrochloric acid and soda fulfil various important purposes in primary and secondary assimilation.

There are one or two apparent anomalies in the use of condiments and stimulant food at first sight perplexing, but on reflection easily explicable; knowing that our food is partly respiratory, partly formative (if we may suggest that word), and that one of the ends of respiration is to maintain animal temperature, we can account for the predilection, among the inhabitants of northern latitudes, for stimulant food, drink and condiments. But it seems opposed to nature and consistency that the natives of warm latitudes should make large use, as some of them do, of the most pungent spices. Thus both the indigenous and exotic inhabitants of the East and West Indies, and of other southern countries, employ extensively curries, gingers, tomatos, peppers, mustards, cloves, cinnamon, garlic, &c., while we should, *a priori*, expect them to use only a mild vegetable diet; and the fact is, that they have a liking for such food, yet, at the same time, make a simultaneous use of the warm condiments referred to; and herein consists the seeming incongruity. The explanation is as follows:—

In these warm countries, the heat, acting strongly on the skin, renders the peripheric circulation full and active, and, in proportion, lessens that of the central organs. Hence, some degree of languor and debility in these. The digestive organs act feebly, and the secretions of the liver, pancreas, &c., are less profuse than they should be, unless stimulated by piquant aliment. Hence the (as it were) instinctive craving for high-spiced dishes in the inhabitants of tropical countries.

The tendency of stimulant condiments, unless cautiously used, is to aggravate ultimately the evil which they temporarily mitigate, or to induce it, if not already suffered from. This is too obvious to need explanation. They also necessarily tend to produce hyperæmia of the gastro-enteric mucous membrane, and to give rise to hæmorrhoids.

As spicy or warm condiments are appropriate in debilitated states of the digestive organs (that debility not depending, of course, on inflammatory conditions), or as a corrective of insipid aliment, as boiled rice, &c., acidulous condiments, as vinegar, lemon-juice, &c., suit, on the contrary, cases directly the opposite of the above, and are appropriate in erythemic states of the gastro-enteric mucous membrane, and as correctives of diet too rich and too stimulant. By their refrigerating and astringent effects, they reduce the hyperæmia of the mucous membrane, remove the tumid pressure on, and constriction of, the orifices and innumerable glands and follicles caused by that hyperæmia, and thus set secretion free. It is possible, also, that when the normal acids (hydrochloric, lactic, &c.) are



supplied in less than the required quantity, or when the diet is too stimulant or too plentiful to be duly acted on by the natural acids, the ingestion of a foreign acid, such as the acetic, may be seasonable and useful. I have never been able to satisfy myself that acetic acid, in the degree of concentration in which it is used as a condiment, sensibly softens muscular fibre. But this it appears to do rapidly and effectually when brought into contact with muscular fibre, simultaneously with the principle, pepsin.

*Congestion of the ventriculo-intestinal mucous membrane.*—This is a morbid condition of the very highest importance. We are not, perhaps, in possession of data sufficiently accurate and extensive to enable us to institute a satisfactory comparison as to the relative frequency of the various lesions incidental to the digestive tube, and to determine which, among these lesions, is to be regarded as the most fruitful cause of derangements of assimilation and excrementation; but certainly there is no small presumptive ground for thinking that congestion, active or passive, would scarcely be found second to any.

It would be out of place here to enter far into speculations as to the nature of congestion, or details of its phenomena. The causes of congestion, and what is the exact condition to which that name is or ought to be applied, are still, to no small extent, *questiones sub lite* in pathology. The following seems to be the amount of our present information—viz., that congestion (we now speak of active congestion) consists in, or results from, a dilatation of the capillaries, caused by a recession of the organic nervous influence. This dilatation of the capillaries leads, necessarily, and according to hydrostatic laws, to a retarded flow in the blood, on precisely the same principle that a body of water in a pent channel flows more rapidly than in a wide one. We must notice, however, that the hydrostatic law just adverted to, does not alone fully account for the degree of retardation of the blood which takes place in the capillaries, in inflammatory congestion; for that degree of retardation is greater than the law in question would explain. We must, therefore, suppose that the same organic nervous influence which kept the capillaries in a normal degree of tension, and the withdrawal of which has led to their dilatation, exerted some influence on the blood, as well as on the capillaries which contained that fluid. It is believed, that by means of nervous influence, a mutually repellent action is caused between the internal walls of the capillaries and the blood globules; and hence the facility with which these globules are, in health, impelled along the tract of the vessels. In the congestion of incipient inflammation, this mutually repulsive action between the globules and capillaries, it is supposed, is suspended or greatly lessened; and hence the tendency of the globules to crowd on and to cling to each other, and to adhere to the walls of the capillaries themselves.

Such are the phenomena of active or inflammatory congestion, which, as well as passive congestion, are extremely common conditions of chronic dyspeptics. Inflammatory and passive congestions differ in this respect, that, in the former, the cause, or action of the cause, is identical,

in seat, with the effect produced. In passive congestion, on the contrary, the cause is more or less distant, in seat, from the effect. Thus, a frequent cause of passive congestion in the mucous membrane of the stomach and bowels is disease of the heart, or liver, or lungs, causing a disturbed circulation in these organs, and opposing the free return of the blood from the abdominal vessels.

The modes in which congestion interrupts secretion are various. First, the stagnation of the circulation of the capillaries prevents renewed supplies of the very *pabulum* of secretion—namely, the blood. Secondly, active congestion implies in itself suspension of nervous action in the organic nerves; and passive congestion, from the state of distention of the vessels and *remora* of the circulation, must benumb or debilitate these nerves, as well as cause occlusion of the orifices of glands, follicles, &c. Hence, though the first stage of inflammatory congestion is sometimes characterized by increased secretion, the ultimate tendency of all congestion is to impair secretion.

The treatment of congestions of the gastro-enteric mucous membrane will be referred to under particular heads. Of course, inflammatory congestion requires very different measures from passive. Thus, in inflammatory congestion of the gastric mucous membrane, from too stimulant diet or drink, iced drinks, acid fruit and fluid, saline draughts, &c., are required. In passive congestion of the gastric mucous membrane, from valvular disease of the heart, we must direct attention to the cardiac disease, and do what we can to lighten the circulation through that organ by digitalis, &c.

*Conium*.—There are many circumstances, historical, physiological, &c., of extreme interest, connected with the subject of this notice. Hemlock was the substance employed by the Athenians in capital punishment, when inflicted on more distinguished criminals. The most celebrated sufferer by it was Socrates, and his case is not without some professional interest. I follow Plato's immortal narrative, which others besides Cicero may truly assert, cannot be read without tears. After swallowing the poisonous preparation, which seems to have been either an infusion, or rather, perhaps, a potion formed from the squeezed-out juice of the plant, Socrates, by the direction of the jailer, who administered the draught, commenced walking up and down, which he continued to do for some time, conversing meanwhile with his disciples and friends. He then became weary, and sat, or rather lay, down. And now coldness and insensibility began to seize his extremities, more especially his lower ones, and gradually crept upward. From time to time the jailer gently pinched his legs, and asked him if he felt him do so. On Socrates replying that he did not, the man informed him that when the numbness reached the heart, death would take place. Socrates now (I think, for I write from memory) covered his face, and remained for some time quiet. He then uncovered himself for an instant, and said to Crito, "Recollect, Crito, we owe a cock to *Æsculapius*: see that you do not forget it." Some suppose that as Socrates was far from being an implicit believer in the religion of his country, and was, indeed, now suffering death under a



charge of atheism, the above command to Crito was given when the hemlock had begun to affect the brain, and that he did not know what he was saying. This opinion I reckon at the least doubtful; for while it is true that Socrates saw far into the absurdities of his country's superstitions, yet it was one of his maxims that a wise man, whatever might be his private views, should conform to the national religion. To resume the narrative: Crito, after assuring him his wish would be obeyed, inquired if he had any other commands. To this, Socrates, according as Plato, with inimitable pathos, describes it (I write the Greek in the English character), *ouden eti apekrinato*, i. e., "replied, nothing further"; "but," as the account proceeds, "after remaining quiet for a short time, was convulsed. The jailer then uncovered him, and he himself [that is, Socrates] fixed his eyes; which when Crito perceived, he closed his eyes and his mouth."—See the "*Phædo*."

In this detail we notice some points slightly at variance with modern accounts of the action of hemlock when taken in a toxic dose; yet, on the whole, I am disposed to prefer Plato's account. Thus, according to it, asphyxia seems not to have supervened at all, or, at least, only immediately before death; though some modern writers assert that asphyxia occurs early. Yet, again, the open mouth and eyes favor the supposition of a death due to interruption of the respiratory process.\*

It is a very remarkable fact, and one of great physiological interest and importance, that while goats and sheep browse harmlessly on hemlock, and horses suffer only slightly from the use of it, the cow, the wolf and the dog, are poisoned by a moderate quantity of it. Surely, some very valuable facts connected with digestion, might be elicited from an investigation of the causes of these different effects of hemlock on the stomachs and systems of different animals, some of them of the same genus, and of very nearly related species.

Hemlock is a useful sedative. In gastrodynia it acts well, combined with the trisnitrate of bismuth, with nitrate of silver, and the oxide of zinc. In scirrhus and cancer of the pylorus, it is indicated, since, while it relieves pain, it does not constipate. I have seen it useful also in mesenteric affections of strumous children. In France, they combine it (and, I think, judiciously) with the iodide of iron and with quinine, in cases of scrofula. From one to ten pills, made from about half an ounce of extract of hemlock and one ounce of iodide of iron, are given daily in cases of scirrhus and scrofulous tumors, and in phthisis. In phlegmonous scirrhus, the hemlock is, in France, joined to extract of cinchona.

Giacomini, in his celebrated classification, places conium among lymphatico-glandular hyposthenics, and also, from its reducent action on the contractions of the heart, among cardiaco-vascular hyposthenics.

---

\* That is, death occurring, as in strangulation, from privation of oxygen, and while the nervous system and the circulation are in comparative vigor. When death results from a gradual and simultaneous subsidence of all the vital powers or organs, the lips, and often the eyes also, are closed, and the expression of the countenance tranquil, and even smiling—facts of some importance in medico-legal examinations.

## CASE OF EMPYEMA, WITH SUCCESSFUL OPERATION.

By B. H. Colegrove, M.D., of Sardinia, N. Y.

MAY 18.—I was called to visit a little daughter of Ichabod French, in the town of Boston, aged seven years. She had acute pneumonia, two months before, and the physician who had her in charge, informed me that he could not bleed her, or administer efficient antiphlogistic medicines as he wished to do, owing to her own perverseness, and the lack of parental authority. So the case took its own course, in no manner checked or modified by medicine or medical treatment.

She had been expected to die for a number of weeks, but as she still lingered, I was requested to see her. I called on my much esteemed friend, Dr. C. Emmons, *en route*, and he accompanied me. We found the patient emaciated to a skeleton, harassed with a most distressing dyspnœa, with intervals of a short, dry, almost brassy cough. The chin was drawn down to the right clavicle, and her respiration was like the panting of a young rabbit. The right hypochondrium much enlarged, the ribs enclosing it elevated and separated more than on the opposite side. The whole right half of the chest dull on percussion, and auscultation gave no respiratory murmur. No discoloration of the integuments at any point, and no œdema. Respiration apparently performed by the abdominal muscles. Tongue clean, pulse 150 and feeble, articulation difficult, bowels regular, night sweats profuse.

Having a strong conviction that a large quantity of pus was deposited in the right cavity of the chest, with the concurrence of my medical advisers, which was readily obtained, I operated. A point was selected between the fifth and sixth ribs, four inches from their sternal extremities, and by an incision, an inch in extent, through the costal pleura, with the point of a lancet, matter instantly rushed out, and air rushed in and out, at each inspiration and expiration. I caught in a vessel two quarts, and closed the orifice with a large pledget of lint, and several turns of a bandage round the chest, with directions that it be removed once in 24 hours, the patient to be turned with the orifice in the most depending position, and in this way the matter drawn.

The relief was astonishing and instantaneous. The countenance, which before the operation was ghastly and leaden, now assumed an aspect of comfort, the breathing was easy, and we left the little patient in a quiet slumber.

Through the opening made in the chest in this case, I at the time introduced a probe of the ordinary length, say six inches, and the enormous cavity, previously occupied by the matter, received its entire length.

The patient entirely recovered, and now, at the distance of fifteen years, is residing in this town, is married, and the mother of a healthy child.

Within the last five years I have had repeated opportunities of examining the thorax of this patient. The right hypochondrium is very much diminished in size, the antero-posterior diameter greatly shortened, and the general contour of that region much distorted. It gives no resonance



on percussion or auscultation, the heart pulsates to the right of the sterno-spinal diameter, the right arm is smaller and weaker than the left.—*Buffalo Medical Journal*.

---

---

PERFORATION OF THE APPENDIX VERMIFORMIS—PERITONITIS—DEATH.

By J. Crawford, M.D., Lecturer on Clinical Medicine and Surgery, McGill College, Montreal.

BRIDGET KEER, a single woman, aged 25, came under my care in November, 1846. The brief history of her case then given was, that she had been an inmate of the Montreal General Hospital (with the exception of a short interval), ever since January of that year, for diarrhœa; and that she had on many occasions passed blood per anum, her dejections being also frequently mixed with puriform or muco-purulent matters, but that in general they were thin and watery. She had labored under her present complaint for four months previous to admission. She was much reduced in flesh and strength, and at several periods she had suffered from hectic fever and profuse perspirations. Her abdomen was generally more or less painful, and she suffered occasionally from colic, or cramp in the right iliac region. During the whole period of her illness, she had not menstruated. She had been treated by a variety of ways,—astringents, iron, sulphate of copper, opium, &c. &c., were tried, with occasional temporary advantage.

In the beginning of November, her complaints were very troublesome, her diarrhœa frequent, the evacuations being attended by griping, and the abdomen generally tender on pressure.

Her weak state confined her to bed, and she was subject to nervous palpitation in the epigastrium and course of the aorta. Her pulse 104, small; tongue clean and moist. She had pain of the spine, in the region of the fourth dorsal vertebra, in the loins, and also under the left mamma. She was ordered a blister to the abdomen, and an astringent mixture. This afforded her temporary relief from the abdominal pain and diarrhœa. She was then ordered decoction of cinchona, and also Griffith's mixture, in succession. Under this treatment she appeared to improve, but occasionally had severe returns of her complaints. By degrees, however, she recovered strength, and generally, throughout the month of December, could sit up a little daily. During January, although she was still subject to severe attacks of diarrhœa (for a day or two at a time), she continued to improve, and became fat; and during the principal part of February, she seemed nearly free from disease. On the 2d March she was reported to have had several dejections mixed with blood, on the preceding night, which were also attended by severe colic pains. A blister was ordered to the abdomen, and sulphate of copper with opium (of each grain 1-4) every four hours. Next day it was stated that she had been vomiting for most part of the night, and that her bowels had been much disturbed, accompanied by severe abdominal pain; she was also very weak and low. At the visit, she appeared to be suffer-

ing much from abdominal pain, and could not bear any pressure on the part. There was great anxiety of countenance; pulse 130, small and hard; skin cold; face pale, with cold perspiration over the forehead.

The symptoms indicated that there was peritonitis, probably arising from perforation of the intestine. Opium, in grain doses every two hours, was ordered, and the cupping glasses to the abdomen. The vomiting continued, and did not appear to be influenced by the remedies; she progressively and rapidly became worse, and died at 3 A. M. on the 4th, about 24 hours from the commencement of the vomiting and indication of peritonitis.

*Sectio-cadaveris.*—The body *en bon point*. The abdomen distended with gas. The parietes of the abdomen appeared much loaded with fat, which was upwards of an inch in depth; in like manner the omentum was fringed round its loose edge by large masses of fat. The intestines and omentum were in a high state of inflammation, being generally of a bright rose color, and in some parts of a lurid red, as if scalded, particularly in the vicinity of the cœcum. Over several parts there was an effusion of plastic lymph, which agglutinated the contiguous portions of intestine together, wherever they came in contact. The peritoneal lining of the abdomen (particularly in the vicinity of the right ilium) was very red, like the intestines. About half a pint of puriform looking, yellowish fluid was found effused in this region. The cœcum had become extremely attenuated, and in most parts the peculiar structure of the mucous tissue had disappeared, the serous coat alone seemingly remaining. The bowel appeared as thin and diaphanous as silk paper; there was no marks of ulceration or erosion, but rather a general atrophy. On removing this bowel, it was found to be adhering to the iliac muscle, and a large oval opening was torn in it, although care was taken in removing it. The appendix vermiformis was about an inch and a half long, and about three quarters of an inch broad; its coats were likewise thinned: a small ulcer was found towards its upper part, that would admit the passage of a goose quill. The opening appeared filled with a pulpy matter, and the edges were even. The uterus and ovaria partook of the general inflammation, but were in other respects normal.

The cœcum and appendix vermiformis contained a gruel-like fluid, resembling, in some degree, that effused into the peritoneal cavity, but not of the same yellow color. There were not any ulcerations observed in any part of the intestinal canal, although there were in some parts discolorations, which might represent the situations where ulcerations might have formerly existed. The coats of the bowels were generally thin, but not so much attenuated as the cœcum.

*Remarks.*—The great accumulation of fat in the abdominal parietes, and on the omentum, was remarkable and unexpected in this case, where a tedious and wasting disease had existed so long, and where such atrophy of the intestinal mucous membrane appeared. Similar accumulations of fat have, however, been observed by Dr. Budd and others, where great emaciation prevailed, in cases of prolonged dysentery, in stricture of the pylorus, and in phthisis pulmonalis. No very satisfactory explanation has yet been offered of this pathological condition.—*Brit. Amer. Med. Jour.*



---

 THE BOSTON MEDICAL AND SURGICAL JOURNAL.
 

---

 ~~~~~  
 BOSTON, JULY 7, 1847.
 

---

*Health of the Season.*—With the exception of ship fever, which particularly appertains to newly-arrived emigrants and to old, filthy tenements, in cities, the public health in New England is certainly good. There is no prevailing epidemic, and from the accounts of medical correspondents, far and near, we are justified in saying that there is a gratifying prospect of being free, for the present, from any alarming prevalence of disease. The Spring has been cold, damp and cloudy, yet the people have enjoyed their usual measure of health. Although the bills of mortality appear large, it should be recollected that the population is rapidly increasing in all the cities and large towns in New England, especially in Massachusetts, quite putting at defiance some of the imagined laws of human increase. A corresponding amount of mortality must follow, as a necessary result, upon the principle that nature works by a system of checks and balances, proportioning the number of living beings, in all localities, to the resources of the soil and the atmospheric capacity for furnishing the essential elements of vitality.

Measles, a malady which is always hovering about densely inhabited places, has been quite common, but, after all, not sufficiently spread abroad to excite any manifestation of alarm. Scarlatina—that destructive agent of death, which has had a strong hold at the North for some years—has certainly been less active than usual the present Spring. Cases were noted at different points, but, on the whole, it may safely be said not to have been as common or fatal as in several past seasons.

With the appearance of indigenous fruits, dysenteric affections are beginning to appear. No cautions to the public on this score, however, are ever heeded, and it is as utterly useless, therefore, to attempt influencing the minds of people on the subject of moderation in fruit eating, as to convince females that lacing the chest in stays deforms them, abridges the action of the vital organs, and actually shortens life.

Smallpox still lingers on our borders. But few cases are imported, although the emigrants are generally charged with bringing it with them. There is no period, probably, when it does not exist in some form, in the large commercial cities; but vaccination holds it in check, so that an alarm rarely occurs, except when some individual of prominence in the community suffers from neglect to secure himself from the attack of that dreadful malady. An opinion prevails pretty extensively, that smallpox has settled down into a very mild, manageable disease, of late, which a person may pass through as comfortably, and as safely too, as measles, or a slight tinge of erysipelas. Nothing could be more dangerous, or further from the truth. Smallpox, true to the laws which govern it, under all circumstances is identically the same—always bad enough in its mildest form, and horrible to suffer from, and highly dangerous in its confluent form. Vaccination is the only defence against its devastation in the human family, and there is a degree of indifference and carelessness in regard to this which is absolutely

astonishing. Whole communities are slumbering over a volcano, in respect to their liability to infection from the transit of a dozen pustules of varioloid amongst them. More stringent enactments, to compel parents to have their children vaccinated, are required, than have yet emanated from the legislature—if it is any object to lessen the liability to sickness and death from that insidious source.

Finally, on a review of all the circumstances, taking into the account a cold, cheerless Spring, with a long course of easterly winds, suddenly succeeded by a July temperature, the general sanatory condition of New England is excellent, nor was it ever more satisfactory.

---

THE following judicious remarks, by a distinguished medical gentleman of this city, commend themselves to the readers of the Journal, as well as to the parties more immediately concerned in the ether controversy.

*Discovery of Etherism—The question settled.*—The question of the legitimate title to the discovery of an effective use of ether in obviating pain, has lately occupied the press with some discussions of much earnestness and ability. Various persons not before heard of, have presented their *ex post facto* claims to this discovery; but the public attention has settled down upon two individuals, to whom the world is indebted for all its practical benefits, and these are Dr. C. T. Jackson and W. T. G. Morton. Between these two gentlemen, the controversy, though it appears to us very uselessly, is still kept up.

We have been told that when this subject was first agitated before the French Academy, a person present rose and claimed to have himself made the discovery several years before. Whereupon M. Velpeau exclaimed, "Sir, you did not make this discovery! Else why have you suffered thousands of the human race to undergo the tortures of surgery during these years, if it was in your power, by a word, to have relieved them."

In the case of Dr. Jackson, if he did make the discovery in 1842, as asserted, or even later, he stands accountable for the mass of human misery which he has permitted his fellow creatures to undergo, from the time he made his discovery, to the time when Dr. Morton made his. In charity we prefer to believe that up to the latter period, he had no definite notion of the real power of ether in surgery, having seen no case of its application in that science.

Discoverers may properly be divided into two classes, the suggesters and the performers. They may be separate, or identical, but both are useful. The latter class are sometimes indebted to the former, but the former could do nothing without the latter. Several Portuguese navigators suggested that there was undoubtedly a western continent, and Columbus discovered that there really was one. Jonathan Hull, in 1736, made a theoretical steamboat on paper, and seventy years afterwards Robert Fulton made a practical one on the Hudson. The milkers in Gloucestershire discovered that their sore fingers, contracted in milking cows, prevented them from having the smallpox, and suggested this mode of prevention to Dr. Jenner, who at that time knew no more about vaccination, than Dr. Morton did about ether. The power of inhaled ether to diminish suffering and produce stupefaction, was not only suggested but made known in London many years ago; but its useful application to surgery was not made known till the experiments in Boston in 1846.



The public, as well as the respective friends of the parties, have given themselves much trouble about the claims of these two individuals to the greatest medical discovery of the present day. There are two witnesses, however, with whom the decision of this vexed question must ultimately rest, and these are the parties themselves. They have made their joint deposition, in taking out their patent, to the effect that they are joint discoverers in the case. From the stringency of this deposition, of the propriety of which they themselves were good judges, we think no court of justice could relieve either party, in consequence of any after-thoughts. The public, moreover, a tribunal who are very apt to get right in the end, have already had the sagacity to find out, that had there been no Dr. Jackson, Dr. Morton might never have known the properties of ether; and had there been no Dr. Morton, the world would probably have been without the use of ether at the present day. The first made partial experiments, and recommended (but did not make) decisive ones. The last took the risk and labor necessary to demonstrate or disprove the efficacy, and, above all, the safety of the process, which until his time, had been believed to be dangerous to life, on various good authorities, from Dr. Christison to Mr. Peabody. It appears to us that it remains for the two inventors to bear their honors meekly together, however much they may seem to dislike being in each other's company. J. B.

---

*Ethereal Inhalation.*—Readers of this Journal must have in fresh remembrance a highly valuable paper, which appeared a few weeks since, by Buckminster Brown, M.D., of Boston, "On the Pathological and Physiological Effects of Ethereal Inhalation." The same article has been given to the public in a beautifully-printed pamphlet, in a cover, having an appendix, containing an additional case. Not wishing to interfere with the sales, it would hardly be courteous to extract the whole of the new matter, strongly as we are tempted to do so; but there is no law forbidding us to urge upon medical gentlemen to study Dr. Brown's facts and comments. If we are in pursuit of facts illustrating the phenomena of life, health or disease, it behoves us to profit by them when presented in a light so plain and convincing. A great discovery has been made, that must in the sequel completely revolutionize operative surgery, while it throws a multitude of stumbling blocks in the way of certain venerable physiological doctrines, which were supposed to be as firm as the foundations of the everlasting hills.

Dr. Brown is showing himself a man of close investigation, as well as a refined, calm, philosophical writer. He has pursued the true and only method of getting at that class of facts which are important, but which nature has been reluctant to reveal, till she was taken by surprise, after drugging the human system with ethereal influences.

---

*Reported Death by Bad Dentistry.*—A report having been extensively circulated that the celebrated manufacturer, N. P. Ames, of Springfield, Mass., lost his life in consequence of swallowing the amalgam used in Paris, for filling some decayed teeth, the dentists in New York have taken up the subject, much to their honor, with a view to ascertaining the facts in the case. A messenger was sent to Springfield, and here follows the report. Considering all the circumstances, the conviction is irresistible

that the unfortunate man was not a victim to the bad practice of any regularly educated dentist. It is due to the editor of the New York Dental Recorder, from whence this intelligence is gathered, to repeat a former opinion, that his Journal is worthy of being ranked among the best in this country. It is unpretending, but always judicious and firm.

Dr. Houston, the medical messenger, says:—"Having ascertained that Mr. Ames had been under the care of Dr. Bemis, of Cabotville, I drove out to that gentleman's elegant cottage, and was fortunate enough to find him at home. The doctor has stood at the head of his profession, in this section of New England, for the last twenty years. He was the medical attendant of the late Mr. Ames for five or six years.

"Dr. Bemis gave me a full and instructive account of the case, of which I made notes, and which would prove interesting only to the medical profession. The immediate object of my inquiry does not require that I should, here, give more than the simple statement of Dr. Bemis, that the incident of the filling of Mr. Ames's teeth, and his alleged swallowing of the material inserted, had never been allowed the least weight in the diagnosis, prognosis or treatment of the case, either by himself or his associate, Dr. Flint. *As to the idea that Mr. Ames had been injured by swallowing an amalgam of quicksilver and silver*, Dr. Bemis remarked, *it was too ridiculous to be entertained for a moment*. Dr. Bemis suggested that in all probability a Parisian quack had inserted an *arsenical* filling in Mr. Ames's teeth, which might have occasioned the distress and annoyance of which he complained. When I mentioned that the public of New York had been told that the amalgam of quicksilver and silver was poisonous, Dr. Bemis exclaimed, 'What! Have you no educated physicians and chemists? How then can any such statements gain credence!'"

---

*Chloride of Soda.*—A more convenient article could not have been devised for purifying the atmosphere of low damp rooms, cellars, out-houses, sinks, stable-stalls, &c., than chloride of soda, packed, as it now is, in bottles. The price places it within the reach of all those at all solicitous to breathe an untainted atmosphere. Offensive odors are the indications of something that is injurious to health, and this is the method adopted by dame nature to announce the danger. If the notice is disregarded, those who are warned cannot justify themselves by saying that they did not know to what they were exposed. Decomposition is exceedingly rapid now, in the animal and vegetable world, the disagreeableness of which may be very much obviated, if not wholly neutralized, by a little of this chemical fluid, placed at the proper points about the premises.

---

*Inhalation of Ether in Labor.*—A report of six cases, in which this new and astonishing remedy for pain was used, which first appeared in this Journal, is now on sale in a pamphlet, with additions, at the Chronotype office, 15 State street. All who know anything of the progress of medicine are familiar with the reputation of the author, Dr. Channing, Professor of Obstetrics in Harvard University, and we confidently recommend his cases to the attentive perusal of practitioners.

---

*Surgery at Vera Cruz.*—A German teamster belonging to one of our trains (says the Eagle) had both of his legs horribly shattered by the acci-



dental discharge of a musket, which had been carelessly loaded. He had been conveyed to the church of San Francisco, which is now occupied by us as a hospital, and after some days it was discovered that it would be necessary to amputate both his legs, so badly had they been shattered. On Friday last one was taken off, but it was found impracticable to proceed with the other immediately, and it was therefore deferred until next day, Saturday. In the meantime, Dr. Barton, a physician and surgeon of great reputation, arrived from the United States, via Havana, bringing with him an apparatus for the administering of the new and wonderful discovery in medicine, called the letheon, and was used by him prior to the operation, in presence of, and assisted by, Drs. Harney, Potter and Laub, with the most triumphant success. The unfortunate man was soon rendered completely insensible to all pain, and, indeed, to everything else, and the limb was removed without the quiver of a muscle.

The above operation was the first in which the letheon has ever been used in this country. Dr. Barton comes out to the army by special appointment of the President, and, we understand, will remain at this post, upon which we congratulate the unfortunate and diseased, as he brings a reputation for great skill and experience, which being added to our already excellent medical department, will make it worthy of great confidence.

---

*Sanatory Retreat in Florida.*—His Hon. the Mayor of Roxbury, Gen. Dearborn, will please accept our thanks for his kindness in communicating a letter that appears in the Journal to-day, in regard to the sanatory retreat under the auspices of Dr. Wurdemann. Since reading the latter gentleman's Medical Notes on Cuba, we have felt an interest in his progress, being satisfied that he is a medical inquirer of no common industry.

---

*Medical Miscellany.*—Briggs & Co. have produced a beautiful, soft and liquid soap, which puts all treatises on soap-making vastly into the background. Probably the art of preparing an article so indispensable to the progress of civilization, is nowhere carried to greater perfection than in the United States.—Three young men have been sent to Paris, from Hayti, to be educated at the public expense, in medicine.—A decided case of Asiatic cholera occurred at the Navy Yard, Philadelphia, last week, says a paper.—The State Legislature of Connecticut has recognized the claim of Dr. Horace Wells, of Hartford, as the sole discoverer of the (so-called) letheon, and passed him a vote of thanks.—No rain has fallen at Matamoras for seven months. The thermometer ranges about 100 deg. during the day, and 90 deg. during the night.—An English paper records the illness of several persons from eating the leaves of rhubarb in connection with the stalk.—The Medical Committee of New York state that there are now in that city 1,500 persons laboring under febrile infection, mental derangement, &c., all of whom require the city to provide medical treatment.

---

*Report of Deaths in Boston*—for the week ending July 3d, 86.—Males, 51—females, 36.—Stillborn, 4. Of consumption, 9—typhus fever, 38—scarlet fever, 2—brain fever, 1—disease of the bowels, 5—disease of the hip, 1—old age, 2—drowned, 2—infantile, 7—convulsions, 2—gravel, 1—jaundice, 1—marasmus, 2—dropsy, 1—white swelling, 1—worms, 1—accidental, 2—inflammation of the lungs, 3—debility, 1—teething, 1—child-bed, 1—dropsy on the brain, 1—hooping cough, 1.

Under 5 years, 23—between 5 and 20 years, 9—between 20 and 40 years, 34—between 40 and 60 years, 11—over 60 years, 9.

*Use of Medicines by Inhalation.*—The direct application of medicines to the lining membrane of the air-passages, has never been duly appreciated by the profession. It is a generally received opinion, that it is in this way, malarious vapor affects the human frame, rather than any impression which it may make on the sentient extremities of the nerves of the surface. In fact, the inhalation of the mildest medicines often produces the most decided results. Such, for example, is the vapor of Gum Camphor in spasmodic irritation of the mucous membrane of the bronchiæ, and in slight catarrhal affections. It is also obvious, that the volatile vapor of tobacco, by *smoking*, will produce a much more powerful impression on the system than a much greater amount of the same article will by *chewing*.—*Missouri Medical and Surgical Journal*.

*Injury of the Eye.* By CHS. W. STEVENS, M.D., St. Louis.—April 15, 1847—Mr. Newell, a clerk in a drug store, in combining eight ounces of sulphuric acid with two ounces of indigo, imprudently corked the bottle containing the ingredients, and, upon effervescence taking place, the cork was forced out, and the contents received upon the face and into the eyes of the gentleman. Dr. Jackson and myself visited him in about ten minutes after the accident, and, at the suggestion of the Doctor, rubbed the face with calcined magnesia, at the same time, raising the lids, deposited small quantities upon the globe of the eye. The effect of this application was to immediately neutralize the acid, forming the sulphate of magnesia, which is inert. High inflammation immediately supervened, of the conjunctivæ, and of the whole face; applied a mixture of cal. magnesia, with olive oil, and poultices of slippery elm; the inflammation soon began to subside, and we directed an astringent collyrium. He is now (May 10) able to attend to business, suffering, however, a good deal from an inversion of the eye-lashes, *trichiasis*, which I find it necessary to remove from time to time; the lower lachrymal duct is entirely obliterated.—*Id.*

*Quinine in Coffee.*—A Parisian medical student, M. des Veuves, has been recommending the administration of quinine in an infusion of coffee, as the best means of concealing its bitterness, and as not impairing its medicinal powers. There is a warm discussion as to whether this is a discovery. It appears, however, not to be new, but that the young man has the honor of having directed the attention of the medical faculty in Paris to this useful mode of giving quinine, which had been almost entirely overlooked. It is worthy of trial in this country.—*London Lancet*.

*Traumatic Tetanus—Inhalation of Ether.*—"A miner received an accident by which his forearm was crushed. The writer found it necessary to amputate the limb below the elbow. Tetanus, in a severe form, followed on the eighth day. Narcotics, sedatives, blisters, purgatives, &c., were made use of without benefit. The inhalation of ether was tried on the third day after the tetanus had shown itself. The spasms immediately ceased; the patient slept for ten minutes; the spasms returned with consciousness, but in a less severe form. With similar effects it was three times applied. Before the apparatus could be got ready a fourth time at the patient's request, a violent spasm came on, followed by another, and he sank."—*Provin. Jour.*



THE

BOSTON MEDICAL AND SURGICAL JOURNAL.

---

VOL. XXXVI.

WEDNESDAY, JULY 14, 1847.

No. 24.

---

CASES OF ORGANIC DISEASES OF THE WOMB AND ITS APPENDAGES.

By Walter Channing, M.D.

[Communicated for the Boston Medical and Surgical Journal.]

CHRONIC organic affections of the womb and of its appendages have long been the reproach of medicine. They, many of them, tend to death, are malignant, and, having a bad name, little more is done for them than to make them as tolerable to the sufferer as well may be. Dr. Wm. Hunter, in a manuscript lecture of his on cancer of the womb, in my possession, makes many sensible remarks on the best mode of retarding those processes which always end in death. Thus he advises abstinence from animal food, except fish now and then, and of these recommends such only as are of white flesh, and have the least flavor—are the least stimulating, in other words. He is particular in his rules about dress, and especially directs that women with functional or organic disease of the womb or its appendages, and those, too, who would escape these, should wear flannel drawers. Rest, also, is among his prescriptions, and sarsaparilla his principal medicine. But Dr. H. says nothing about cure. His means have in view only to retard the advance of destructive processes, as ulceration in cancer, and so to prolong life. He does not look to cure, as among the purposes of treatment in such diseases. He would mainly labor to make a life of daily suffering more tolerable than without his agency it might be.

Osiander, of Gottingen, labored to cure, to remove radically, malignant diseases of the womb. He cut away diseased portions, and with a bravery which was always tempered with wisdom, and guided by the best knowledge of what he meant to do, and how it should be best done. He was often successful. McDowell, a physician in our western wilds, determined to do something to prevent the fatal issue of diseased ovaries, and in pursuing this purpose extirpated them, with a success, and in numbers, and under circumstances, which made an epoch in that department of surgery. Dupuytren and others followed Osiander in excising the mouth, the neck, or larger portions of the womb, but they were not very successful. Lizars, and quite lately Gray, have followed McDowell in his operation, but with less success.

Occasionally a case is referred to, of removal, either spontaneously, or by, or after the employment of medicine, of these diseases. I have thus

known cauliflower excrescence removed by ligature, without return of the disease. I have known very striking effects follow the internal and external use of medicine for tumors which for the most part are regarded as incurable, and which are passed by without exciting any remedial regard. Sir Astley Cooper somewhere speaks of the professional negligence of these diseases. Is it right to abandon their subjects, simply because such diseases have got a bad name? I have always treated them as I would other diseases. My attendance on them has been regular, and means have been put into use. The attendance has ceased, because at length it has appeared obvious that no benefit was coming of treatment, or the patient, or more frequently her friends, have thought farther care, or farther expense, unnecessary.

I will, in more or less detail, refer to some cases of reputed malignant diseases of the womb, and of its appendages, which have come under my notice, and for which means have been used, with a view to curative agencies.

#### *Cases of Cauliflower Excrescence.*

CASE I.—Mrs. ———. Tumor small, insensible, springing from the os uteri. Drain of *watery fluid* from vagina constant and great; occasionally hemorrhage; much exhaustion, and evident sinking from disease. A ligature was applied round the tumor. It came away, bringing a few shreds only of what it had surrounded. Discharge ceased. Upon examination no tumor was to be discovered. The os uteri from whence it sprang, was found healthy. Strength returned, and the patient after a time left the city without complaint. I have not heard of her since.

CASE II.—Mrs. M———. The history of this case is very much the same with that above given. There was an insensible tumor springing from the os uteri, irregular in its outline, or rough from small projections. *Watery drain* constant from vagina—at times hemorrhage. Ligature was applied, and in a few days came away, bringing scarcely anything with it. The noose had sticking to it some very small remnants of the large tumor which it had surrounded. This woman recovered perfectly.

CASE III.—Mrs. ———. This woman had a tumor like those above described, and with like symptoms. She died exhausted by discharge of water and hemorrhage. I saw her after death. Scarcely an appearance of tumor was discovered. In this case ligature was not applied.

CASE IV.—Mrs. K———. I was desired in December, 1846, to visit Mrs. K. I found her in bed, thin, pale and sallow, and apparently suffering from some chronic and exhausting disease. She said she was over 40 years old, had been married ten years, and had never had children. Her complaint, she continued, was a tumor of the womb, which was of more than a year's notice by her. At times much hemorrhage occurred from it, and at all times a *watery* discharge. Of late this had become so great as to exhaust her exceedingly, and she thought that it would be impossible for her to survive many weeks if it continued. It was sufficient to wet forty large towels a week, sometimes eight in a day. It was water, without color, without smell, and without mucus. The



disease was in no sense, or in itself, a painful one. It pressed against the sacrum and produced pain in that bone, and it obstructed much the rectum, and so troubled its functions. She added, that within a short time emaciation had rapidly increased, and her strength had failed. She wanted to live. She would endure anything that she might live. I have heard the desire to live expressed by many, and when death was near at hand by cause of sudden diseases, or accidental occurrences, without precursory disease; but I never heard it utter itself with such emphasis as it spoke from that woman. She had a face which expressed in the strongest manner her whole feelings, and having passed her hand over it as if to remove from it whatever might diminish the power of what she had to say, bent her eyes upon me as I leaned over the foot-board of her bedstead, and said, "Have you the heart, Sir, to do an operation which may save life, though it be at the risk of taking it? That is the question which I want answered, and in the most distinct manner." I said that I believed I was equal to my whole professional obligation, and would state to her what might be my duty specially to her, after I had learned by an examination what was her disease, and that I would act as that duty seemed to me to demand. She said that her case had already been examined, but no operation recommended, but she could not yet give up. She begged me at once to make the examination which was to settle the course I was to pursue.

Upon examination I found a tumor filling the vagina, and which was most developed in its sacral aspect. It was hard, and perfectly insensible. It was not regular in its outline, but had projections, and superficial, and deep sulci between its rounded and ridge-like inequalities. It was of a greyish color, and the discharge from it was an inodorous, colorless water. I said I saw nothing in the character of the tumor to forbid an operation. I described to her the operation, the ligature, and stated that it would give her little or no pain. I learned that a professional friend of great surgical knowledge and reputation had been asked to see her, but had not called, and said that I would request him to see her, as I wished to have his opinion of the operation I had in view. He called the next day, and wrote me that he thought the tumor presented no objections to the ligature, that an operation in the case might be done, but that inflammation might follow, and the tumor might re-appear. This opinion was stated to Mrs. K. She determined to submit to the operation, and to abide the issue.

A ligature was passed round the tumor in the close of December, and it was purposely applied as high as it could be done. It was not found so easy to do this as was supposed, and as those who never made the attempt may imagine. The tumor filled the vagina. It was exceedingly irregular in its outline. The double canulæ of Gooch used, and was easily carried along the fingers, to the root of the tumor. The attempt now to separate the two, by keeping one fixed, and sweeping the other horizontally round the tumor, was embarrassed by many obstacles. It was at length done, and the silver clasps carried along the tubes to make them again one instrument. The ligature was now drawn tight and se-

cured. Some pain followed this part of the operation, but soon subsided. It resembled the dragging sensation which I have heard complained of in other cases. The next day I found the instrument very far out of the vagina, and upon examination discovered that the ligature did not embrace the whole of the tumor, but had been carried by the canula into one of the deep depressions of the tumor, instead of encircling the base. I state this thus particularly, as a caution in applying the ligature round uterine tumors, especially malignant ones, which are much more apt to be irregular in their outline than are the non-malignant. Said a physician who very kindly assisted me in this operation, let those who are astonished at a failure in doing such an operation try to do it themselves, and they may learn that there are difficulties in the way they hardly dreamed of. The ligature was now removed, and then applied again, and with entire success. It was tightened every two or three days, and each time showed that there was a gain on the tumor. Some days the ligature could be drawn an inch before it stopped. Generally not so much. There was always pain on drawing the ligature. It, however, was never a permanent pain, or of any long continuance. An opiate was often given to remove it, and doubtless made the time of suffering shorter. The instrument began at length to project farther and farther from the vagina. The ligature showed by its length that very little of the tumor remained encircled by it. I now examined the vagina, and found it empty. I could feel nothing but the canula, and a small loop of ligature encircling a portion of the original tumor which had not disappeared. The os uteri, excepting this spot which looked to the sacrum, was perfectly smooth and even in its outline, not a shred of tumor remaining except at the point referred to, and this was firmly within the grasp of the ligature. There was no discharge from the vagina. There had been scarcely any since the ligature was applied. What discharge did take place was the liquified tumor as it was cast off by the living textures from which it had been separated by living agencies. Nothing like a tumor had been thrown off. The ligature was now daily tightened, and I daily looked for its coming away. On the twenty-second day from the use of the canula, I found Mrs. K. in unusual spirits, and hiding something under the bed-clothes as I entered. I asked what it was. She at once drew out the instrument, which she said had come away that morning, and which she was now rubbing very carefully to restore to it its original brightness. I asked if anything had come away with the ligature. She replied, yes, and showed me a thin small mass, like dense membrane, on a towel. Upon examination I found that portion of the tumor remaining, round which I felt the ligature, of the size, say, of one joint of the thumb, projecting from the posterior lip of the os uteri. I asked how it happened that the instrument had come off before separating the tumor. She said that she felt a strong desire to rise from bed to evacuate the bowels, and that, in suddenly moving, the instrument had been caught in the bed-clothes and was torn away from the vagina, giving her exquisite pain. I made no attempt to re-apply the ligature, for such



was the situation of the remaining portion of the original disease that I did not believe that a ligature would hold on it.

Mrs. K. now rose from bed. Took exercise. Got excellent appetite. Gained flesh, and felt well. Not the smallest drain occurred from the vagina of water, of pus, or of blood. Her feet and ankles swelled, but at length this swelling disappeared. But after some weeks signs showed that the disease had returned. There was again water, and blood, and pain. She began to fail, and in five months after the operation she died. To the last she never regretted the operation. It had lengthened life and enabled her to enjoy it. Cheerfully would she submit again to the same measure, if it promised her the least chance of continued existence. I could offer her no inducements to submit to it. Her power of living was well nigh gone, and she sunk and died.

*Cases of Uterine Polypi removed by Ligature.*

CASE V.—Miss S., aged 18. Came under my charge last summer. She was perfectly anæmic. I have seen many instances of this disease, but in no one do I remember its physiognomy to have been more strongly marked. The lips, gums, tongue, inside of cheeks, carunculæ lachrymales, nostrils, every texture was blanched. She had suffered from uterine hemorrhage for about four years. She had grown tall in that time, the time of growing, and was not emaciated. Other signs were palpitation on exertion or mental emotion, with dyspnœa, a sharp, quick, and frequent pulse, pink-colored veins, ringing or rather buzzing in the ears, and a throbbing of the cerebral arteries, compared to the sound of the discharging pipe of a steam engine. Stomach at times irritable. Great feeling of lassitude, and of exhaustion. The catamenial periods were attended by excessive flow, and in the intervals hemorrhage was frequent. She had been recently examined, and a tumor projecting out of the os uteri diagnosed. Upon examination I found the tumor to be very hard, insensible and small, of the size of a small pullet egg. Hemorrhage attended, and followed the examination. I could not reach the pedicle, if the tumor had one. I was disposed to consider it as springing from the cervix with a broad base. The ligature was applied. I tried different canulæ in this case, and though the tumor was not large, I found the largest instrument to answer best.

Pain was produced by tightening the ligature. As soon as pain occurred, the ligature was fastened where it was. Some soreness of the abdomen was complained of next day, and the instrument was not touched. The next day it was tightened, and pain again produced. Soreness of abdomen again occurred. I was satisfied that the tumor was insensible, but the neck being very short, if any existed, the strain of the whipcord was upon the womb, at the spot whence the polypus sprung. This explains the pain and the abdominal tenderness. In about a week the tumor and instrument came away. The polypus was perfectly white. I scarce recollect so white an animal texture. From this time hemorrhage ceased. The catamenia became regular, and the patient is now perfectly well. The tumor was accidentally lost.

CASE VI.—Mrs. W., aged about 40; has children. Has suffered greatly of late from uterine hemorrhage, and the exhaustion induced. Of late she has been obliged to keep still, and in bed, as in this way only can she prevent flooding. She suffers many of the symptoms given in Miss S.'s case, but not in so severe a degree. Within a few weeks her case has become alarming, and her physician, upon examination per vaginam, discovered a tumor projecting from the os uteri. I was desired to see Mrs. W., and upon examination detected a tumor, in, but hardly projecting from, the os uteri. It was hard and insensible. It was closely embraced by the os uteri, so close that I could only pass a probe between them. It seemed very much as the glans penis looks in a severe case of phymosis. The woman was bleeding badly every day, but it was not possible to operate. It was advised to give her ergot in ten-grain doses, as often as five or six times daily, if her stomach would bear it. This was done, and pains in region of womb produced, and after a few days I found the tumor so much out of the womb as to allow the use of the ligature. It was applied. Hemorrhage at once ceased. Pain in the womb and abdomen was produced by tightening the cord, as in Miss S.'s case. But no untoward complication ensued, and in four days the tumor came away; since which, Mrs. W. has done perfectly well. The tumor was very firm, and of a deep red color.

#### *Cases of Ovarian Tumor.*

CASE VII.—Mrs. ———; married, has children. I saw this patient with Dr. Hanaford. A tumor, filling most of the lower part of the abdomen, presented itself. It was unequal in its outline, as if composed of many tumors. It was felt in the vagina, and so far filling it as to press the neck of the womb firmly against the symphysis, giving much trouble in passing urine. The uterine periodical function continued. Much suffering attended this disease. At times acute inflammatory attacks. The health had sunk, emaciation had occurred, the situation of the patient seemed hopeless. In its treatment constant efforts were made to sustain the patient while means were used to keep inflammatory processes in check, and to prevent increase of the tumor. Leeches, vesication, iodine ointment, hydriodate internally, sol. muriate of lime, &c., were among the means employed. At length a new symptom showed itself, which was the precursor of recovery. An involuntary and copious liquid discharge took place from the rectum. Some of it was collected in a vessel and examined. It was a perfectly transparent, dense, gelatinous liquid, very adhesive, and having a distinct albuminous odor. There was not the least trace of fecal smell in it at any time. The discharge went on. The tumor grew less. The pains which Mrs. ——— had so long suffered, ceased. She regained appetite, strength, flesh, and is now well. Is not this case of some interest in this regard, that it shows how a disease of the ovary, consisting of a fluid deposit, and threatening life, may disappear, and recovery happen, where opportunity is offered for a constant discharge of the fluid as it forms. The sac or sacs thus have an opportunity to contract. New processes occur in them from



exposure to the air, and at length the sac disappears. What is done by a rude surgery, the pulling away, or cutting away the sac, or removal of the tumor by excision, is done by a gentler and wiser hand, and recovery follows. May not the ovary be punctured through the rectum, or vagina, and the natural surgery be thus in some sort imitated?

CASE VIII.—E. L., about 30, unmarried. Has a large tumor occupying one side of the abdomen, extending from right iliac region beyond the median line towards left, and above umbilicus. Tumor apparently solid. I say apparently, for it is not easy to diagnose the liquid contents of such tumors, if liquids be in them, especially if the walls be thick, and the cavity within be formed of two or more non-communicating sacs. Examination per vaginam discovered a solid tumor filling most of pelvis, and which seemed to be a part of the general mass above described. This patient suffers much from her disease. At times the bladder and urethra are so compressed that urine cannot pass. At times the rectum is obstructed. The result is most severe pain and distress throughout the abdomen. The trouble here is spasmodic, and at times exactly resembles violent colic. In the intervals of these attacks she was able to do some work in a family, to walk the streets, &c. She had for some time been engaged to be married. A desire had been manifested to have the engagement broken off. I was consulted. I gave an opinion decidedly in favor of the measure; and had there been a legal question raised, I should have felt it my duty to state that such an "impediment" (I use the word in its ritual technicality) existed as made the state of marriage improper. I remembered well a case of recent marriage, in which the husband desired my advice on account of important disease, not known to exist before marriage. I discovered that a tumor absolutely filled the whole cavity of the pelvis, and which, if it continued to grow, would in no long time be seen externally.

I began an active course of treatment very soon after I saw this case of E. L. The diet was regulated, so was exercise and rest. Iodine ointment was constantly applied over whole extent of tumor; and sol. mur. lime was steadily given. She took of this larger doses than has any other patient to whom I have prescribed it. The dose amounted at last to about three hundred drops, three times a-day. Leeches were used whenever pain existed in the tumor, and occasionally counter-irritation was employed. This course was persisted in for a long time. The tumor gradually diminished. This was ascertained by careful admeasurement. The strength returned. She gained flesh. She has for a long time passed from my professional care, but I occasionally see her, and always learn that she has no complaint. I have made no examination for a long time; but I feel sure that if the disease had become active again, I should have known it.

*Remarks.*—Mrs. K.'s case, No. IV., occupies a large space in this record. It was a case of much interest. It involved some important principles. Are we authorized to operate in such cases? How far are we to be influenced by our patient in deciding such a question? Here was entire faith in what was to be done. It was faith in it as the only

means of life—offering the only chance, however faint, that was of good. It was associated with an intense desire to live. The disease, called by C. M. Clarke and others malignant, has within a few years been successfully treated by ligature. The immediate effect of ligature in this case was good. It lengthened life, and made life comfortable. I do not recollect a circumstance in this case which brings with it any regret that the operation was done. A question has been asked above, how far shall the physician be influenced in his judgment in treating disease by the demands, or wishes of his patient? As a rule, and the demand existing by itself, there being nothing in the case which promises good from any known agencies, he is not to be influenced at all by the wishes of his patient. But cases do occur which form, or are regarded as exceptions to the rule, and the physician is, and will be, governed by them. I remember, when a hospital pupil, a sailor entering the hospital for an affection of the heel which rendered him perfectly useless, and for years, under all sorts of treatment, had made him a great sufferer. He came to have his leg cut off. He had hobbled over the country, and applied for the *radical* treatment in vain. His leg, heel, foot, all, had not the slightest appearance of disease about them. His demand was heeded, his request granted, and he had the operation done with apparently as little suffering, certainly with as little complaint, as if he had been under the fullest power of ether.

I remember another case. It occurred in Scotland. An unmarried woman had a swelling of the abdomen of great size. It troubled her extremely. It did so principally in preventing her getting employment, she being supposed pregnant. This was a sore charge, and most grievous in its consequences, for she depended on work for her living. She roamed about to have an operation done on the abdomen, by means of which a large tumor, which surgeons regarded her trouble to be, might be removed. She applied in vain, till at length Mr. Lizars, then of Edinburgh, consented to do the operation. An incision was made of great extent, into the peritoneal cavity. *But no tumor was found.* The abdominal intumescence was owing entirely to a very large deposit of fat in the walls of the abdomen, and a very fat omentum.

In deciding the question of an operation in the cases referred to, the surgeon acts upon his own responsibility, and his sense of this must determine for him what the practice must be.

A word more. In cases V. and VI., of polypi of the womb, it is said that pain was complained of when the ligature was tightened, and that soreness of the abdomen followed. The same was said of tightening the ligature in Mrs. K.'s case. Now these three tumors are *insensible*, wholly so, certainly were they in the cases referred to. Whence, then, the pain? I have already answered this question, by supposing that it happened from the nearness of the ligature to the proper substance of the womb itself. The tumors had no pedicles. They sprung from broad bases, and the ligature was applied very near to the base. The womb, though no portion of it was included in the ligature, did receive pressure from the ligature applied so near to it. Now it is not important that the ligature



should embrace polypi round the pedicle, or very near the base, especially in cylindrical or globular polypi which have no pedicle. If the ligature be applied at such a distance as not at all to affect the womb, the *whole of the tumor will drop off*, just as does the whole of the umbilical cord, let us leave what amount we may adherent to the abdomen.

But if the pain on tightening the ligature be such as to attract regard—if it be accompanied by the constitutional or local symptoms of uterine or peritoneal inflammation, slacken or remove it at once, and treat the disease it has produced at once with appropriate remedies. When applied again, select a spot more distant from the womb. Make the pressure less severe if pain again accompany it. If there be no pain, make it firm enough to strangulate the tumor at once, or as far as may be, as less constitutional trouble is apt to arise from such an operation, than from a less perfect and positive one.

#### PROSECUTIONS FOR MAL-PRACTICE IN THE STATE OF N. YORK.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—I saw, by a notice in a late No. of your Journal, that a physician in Delaware County, of this State, had been prosecuted for mal-practice in the treatment of a surgical case. Perhaps a brief history of the case, treatment and result, in connection with another of alleged mal-practice in surgery, disposed of last week, in the Washington County Circuit Court, may not be uninteresting, if not instructive to the medical profession.

In giving the report of these cases publicity in a widely-circulated medical journal, I trust the public interest may be subserved, and the junior members of the profession benefited. I desire not to wound the feelings of any professional man; and shall, therefore, avoid giving the names of the physicians charged with the mal-treatment of the following surgical cases.

Some time about the 11th of September, 1845, two young men, both "*possee men*," or in the employ of the State, during the late anti-rent difficulties, were wrestling; one of whom was about to be thrown upon the ground, and in the act of falling, thrust out his left hand, which met the ground rather outwards and backwards from his body; receiving not only the weight of his own body, but in all probability that of his antagonist; which resulted in a fracture of the external condyle of the humerus, and a backward dislocation of the ulna. In fifteen or twenty minutes after the receipt of the injury, the patient was placed in the hands of a young physician, who, I believe, regarded the accident a backward dislocation of the elbow.

By the testimony it appeared that he attempted to reduce it, by directing one person to make use of counter-extension from the humerus, midway between the shoulder and elbow, and another individual was directed to extend upon the fore-arm, by grasping the limb at the wrist; while

the physician, by the aid of his own hands, endeavored to crowd the articulating extremity of the humerus, situated in what should be the hollow of the arm, backwards. The extension and counter-extension was applied while the limb was in the *extended* or *straight* position; and after the application of considerable force, for some little time, there was an apparent yielding, when the physician would direct the limb to be slightly flexed, which twice resulted in something like a "chuck backwards." At last, on a third trial, extension and counter-extension was applied as in the other two instances, and the limb left nearly in the straight position, with little or no effort made to flex it. It was pronounced reduced; and the patient thought "it felt more like an arm." The degree of flexion can be pretty accurately estimated, when it is stated, that in order to make a sling sufficiently long to suspend the limb over the opposite shoulder, it required, or, at least, two handkerchiefs were tied together, and used in the ordinary way.

The physician saw the patient from time to time, for about thirty days; and up to near this period, said that "it was all right, or as near as it could be, except a little point of bone or process, which would come right by using the limb."

At the end of seven or eight weeks, the patient called on me at one of our Saturday clinics at the Albany Medical College, with his elbow swollen, stiff, and in nearly the straight position. The lower end of the humerus could be felt quite distinctly at the fore part of the joint, and the olecranon projected unnaturally behind; in short, the ulna was, at that time, dislocated backwards. I made a vigorous, though unsuccessful, attempt to reduce it. In the great exertion employed to flex the limb, and the effort to dislodge the coronoid process from the olecranon fossa, the extreme point of the olecranon process gave way. The forearm, however, was brought to something more than a right angle with the arm, which would have been in a much more useful position, if, as we anticipated, a joint but little better than ankylosed, should be the result. By neglect on the part of the patient, and by the weight of the forearm, the limb at length returned to a state but little more flexed than at the time when I first saw it, and thus remained stiff and inflexible.

In something less than a year after the accident, the young man, by the advice of his friends (not medical), commenced a suit for damages; charging, in his declaration, that the joint was then dislocated; that it had never been reduced, and consequently that he had, in a great degree, lost the use of his limb. That a backward dislocation of the ulna existed at the time of the trial, neither the defendant nor witnesses pretended to deny, and that a great share of the difficulty and loss of the use of the limb was to be attributed to the dislocation.

The counsellor for the plaintiff endeavored to show, that the mal-practice consisted in the fact, that the defendant did not make use of the most common and best means to reduce the dislocation; and that no evidence, at the time of the attempted reduction, was had, to show that the dislocated bone had been replaced.



One of the first questions put, on the part of the prosecution, was, "What is the present condition of the elbow-joint of the plaintiff; and what was the original nature of the injury?" All agreed, that there was a fracture of the external condyle, which presented its proper relation to the head of the radius, and that there was a dislocation of the ulna backwards. Some of the witnesses thought that the coronoid process of the ulna was broken off; and others, that the fracture, which carried away the external condyle, extended through the trochlear articulating surface of the humerus, so that by the action of the muscles, the coronoid process (provided it was not broken off) was drawn, as it were, between the fragment and the continued shaft; or, in other words, that the articulating surface of the humerus was not sufficiently broad to sustain the ulna, after having been brought into its proper place. These two points, together with a feeble attempt to show that the patient had been imprudent in walking about too soon; in permitting a friend or nurse to dress it; and in riding on horseback, constituted the chief grounds of the defence.

On the part of the prosecution, after inquiring into the condition of the limb, nature of the accident, &c., the question was asked, "What is the evidence of reduction of a dislocated limb or joint?" All the witnesses, both for prosecution and defence, replied, "restoration of the form and shape of the joint, and freedom of motion."

The next question asked, was concerning the proper mode and means to be employed in reducing a backward dislocation of the ulna; and without a single exception, all replied, that it would be proper to apply extension and counter-extension while the elbow was in a *flexed* position. This principle was too *obvious* to be denied, or controverted, from the clear and conclusive demonstration made by the aid of the os humeri and ulna. By flexing the joint, the coronoid process was brought out, and forward from the deep olecranon fossa; and by extending it, it was made to lock into the deep olecranon fossa, and there retain its hold with great firmness.

The book authorities, with the exception of a single case given by Sir A. Cooper, in his work on Dislocations, direct that the limb should be *flexed*, as by bending the joint around the knee, or around a bed-post. It was agreed by all the medical witnesses, that if the limb was *flexed*, and at the same time, if a *separating* force were applied to the extremities of the two bones involved in the dislocation, whether by the hands, or in any other way, such a dislocation as that under consideration might be reduced.

Another question asked the medical witnesses, was this: "If the coronoid process be broken off, would it be the proper, and the authorized practice, to place the limb in the extended position; or would it be correct practice for the treatment of the fracture, especially if there had been a backward dislocation of the ulna?" The question was also asked, "Should the limb be placed in the *semi-flexed* or *flexed position*?" To the former question all answered in the negative; and to the latter, the same reply was made by all the physicians, with the single exception

of a young man who was then practising dentistry, and who testified that he was a graduate in medicine; had attended lectures in New York; and had there received instruction in the lectures of the Professor of Surgery to treat fracture of the coronoid process of the ulna, by placing the elbow-joint in the *semi-flexed position*." I find no authority for this practice in any surgical work with which I am acquainted; nor have I learned that such is the doctrine taught in any other medical institution out of the city of New York. Perhaps the young surgeon might have been mistaken, or misunderstood the direction of his teacher. If so, I presume that the distinguished and able surgeon of New York, under whose instruction he claimed to have received such direction, will notify him of his mistake, and put him right upon this important principle.

Another question put on the side of the prosecution, was this. "Provided the coronoid process be broken off, and the ulna dislocated backwards; and provided, also, it has been reduced, in which position, whether in the *extended* or *flexed*, would the ulna be most likely to remain in its proper place?" Here, too, the universal answer was, "in the flexed position."

The above are the most essential and important facts as developed on the trial, by candid and fair witnesses; and the result was a verdict for the plaintiff of \$450.

The prosecution was conducted in a most scientific and able manner by A. Tabor, Esq., of this city, assisted by the Hon. Mr. Wheeler, of Delaware County. Mitchell Sanford, Esq., of Greene County, conducted the defence, assisted by A. Parker, Esq., of Delhi. Mr. Sanford, who addressed the jury, displayed his usual tact, ingenuity and eloquence, in endeavoring to convince the minds of his hearers, that the young physician had neither done wrong, nor had neglected to do anything that ought to have been done.

The Hon. Amasa J. Parker, of this city, the Circuit Judge, before whom the cause was tried, gave a brief, though clear and impartial charge, stating that the jury were to be governed by the law and the facts in the case before them. The principle of law, applicable to the case under consideration, was fully explained; and as the testimony to the facts in the case was so fresh upon the minds of the jury, he deemed it altogether unnecessary to repeat it.

In most of the prosecutions of physicians and surgeons for mal-practice, it is fair to presume, from a pretty extended observation, that they originate in, or grow out of, an unwarrantable rivalry, or perhaps jealousy, between two neighboring practitioners. In this case no such cause existed; on the contrary, it would seem as though all the medical profession, who testified on either side, were willing and anxious to protect the defendant, and the medical profession, so far as they could consistently with the solemn responsibilities of an oath resting upon them.

The report of the Washington County suit for mal-practice, may be expected next week.

ALDEN MARCH.

Albany, June, 1847.



## DR. JACKSON'S REVIEW OF DR. GAY'S STATEMENT.

To the Editor of the Boston Medical and Surgical Journal.

DEAR SIR,—Permit me to congratulate you on the pleasure you derived in presenting to your readers “A very interesting review of Dr. Gay’s vindication of Dr. C. T. Jackson’s claims to the discovery of the applicability of sulphuric ether for the prevention of pain, and its application to surgical practice, by Dr. John B. S. Jackson, an eminent physician of this city, who has recently been appointed Professor of Pathological Anatomy in Harvard University.” In the 20th No. of the present volume, you remark, that you “are anxious that nothing relating to the controversy between the claimants of the discovery of the new mode of administering ether, calculated to engender angry feelings, shall have admission into these pages.” Therefore we are bound to believe there is something more in this review than catches the eye on its perusal. I am aware that professorial documents, proceeding, too, from the pens of eminent men, carry with them a kind of influence, pertaining more to the elevated source whence they originate than to the arguments they contain. The compliment, as it would seem almost incidentally, paid by Dr. Jackson to Mr. Bemis, the friend of his friend, was happily introduced, and will doubtless turn many a muffled face Bemisward, knowing, as they now do, that his operations are fortunately so far painless as not to render the inhalation of sulphuric ether desirable. I *know* nothing, and care as little, of the strength of the relative claims to this discovery; but I cannot but think it unfortunate, that Dr. C. T. Jackson’s efforts are entirely defensive. I believe it is a generally-admitted fact, that an offensive war is more efficient than a defensive one, whether it be of a political, religious or scientific character. Now, Sir, it seems to me that Dr. Jackson’s course is almost wholly apologetical, and when a man stands before the world in this attitude, he is not apt to be successful. Mr. B. says that Dr. Jackson had conceived the plan of preventing pain in surgical operations by some direct and new agent in 1842; and remembers a remark by him, at that time, that he had tried this agent upon himself, successfully, and he has no *doubt* that it was *sulphuric ether*. Well, Sir, how is this? In 1842, Dr. Jackson, communicating with a “most respectable dentist,” tells him of *his* discovery of a *direct* and *new* agent for the entire prevention of pain, but will not, or does not, inform him what it was. God forbid that I should bring any charge against either of the *eminent patentees* of the letheon. But would not some of the more censorious portion of the world say, that he was only “feeling his man,” and if he had not found Mr. Bemis’s mode of dental operations “so far painless,” he might have struck a bargain with him as long ago as 1842, for ten per cent. on the profits of this *magical compound*. But, says your official correspondent, Dr. Jackson reprobated the idea of a patent as strongly as any one, that he had never taken such a course before, and that in the present case he felt compelled to do it, lest *Dr.*—I beg pardon—lest Mr. Morton should do it himself. *Really!* Now suppose this very Mr. Morton, who has never “devoted his time nor ex-

pende his money to acquire the information which would enable him to obtain a medical degree," should, in his zeal to establish his claim to this discovery, tell a *lie*; would Dr. Jackson, in accordance with the same logic, feel bound to rebut it by telling another? Again, if Dr. Jackson had a right to expect Mr. Morton to pay him a fee for professional advice, and that fee was fixed at \$500 or ten per cent., why are his friends so anxious to communicate to the world that he never has and never will receive any compensation? And why destroy the bond, the strongest evidence of that professional advice? Well might Dr. Jackson exclaim, "Save me from my friends, and I will take care of my enemies." The whole subject seems to be wrapped in mystery and doubt, and the point at issue, after all the Herculean labors of his friends, is as far from being elucidated as when the warfare commenced. If I can draw any conclusion, however, from the evidence adduced, I should think Dr. Jackson was entitled to the merit of the discovery, unless, indeed, he has *virtually forfeited* it by the wonderful stupidity which he has displayed in introducing it to the world. If it be true that this Mr. Morton was as ignorant as he is declared to be, not only of all physiological laws, but of the very existence of sulphuric ether, why did Dr. Jackson select him as the one whom he would "induce" to test a discovery of this nature? Why, Sir, not go at once to the halls, not of the Montezumas, but of the surgeons of the Massachusetts General Hospital, whose very atmosphere is redolent with scientific lore, and filled with the bright scintillations shot off by the constant attrition of mind with mind? He could not doubt their deep devotedness to the cause of medical science. He did not dread that any dishonest promptings would urge them on to the damnable act of despoiling his fair fame to enrich their own. Alas, did he fear that the proverbial modesty of this select and elite body would cause them to shrink from a public exhibition of their names in connection with a great discovery? He should have reflected that "faint heart never won fair lady." The result shows that, though a natural, it was a needless fear. For being *induced*, by a much smaller personage than himself, that mantle of modesty which has descended, and I doubt not will continue to descend, with official station, from father to son, *ad infinitum*, was momentarily laid aside, and the discovery announced over the imposing signature of one of the Surgeons of the Massachusetts General Hospital, and himself shorn of more than half his honors.

Boston, July 3, 1847.

W. W. COMSTOCK.

#### ACCOMMODATIONS AT SARATOGA.

[Communicated for the Boston Medical and Surgical Journal.]

AMONG the numerous readers of this Journal, there must be many who have patients laboring under long-continued disease, whom they would desire to send to the Springs, but are deterred by the expenses while here. It is true that a fair compensation to those who can have an income on their investments during only ten or twelve weeks in a year, in-



volves an appearance, to those who do not reflect, of extravagance or extortion in their charges. It is still a fact that the poor can be boarded and lodged for \$2 50 a week in several houses, and between that price and \$5,00 there are abundant opportunities of board. At the last named price we have three large and excellent establishments, which comprise all necessary comforts and conveniences, and afford nearly as good tables as the most expensive hotels. Many private houses charge from \$4,00 to \$7,00 a week.

But what I was going to say is this. There are quite a number of houses here which have the sign *House Room* at the door. This implies that a party, containing one or more females, can be allowed lodging, room, bed, bedding and furniture, and permission to use the fire and cooking utensils of the family. All this for \$1,00 a week to each individual. Such a couple or party need not carry any furniture. They have simply to go into the village markets, and purchase just such supplies as they prefer. I am told it is very common for them to get through for an additional dollar a week, that is, in all, two dollars a week, or even less. I would not have troubled you, if I were not very sure that there must be many poor and deserving invalids, who need many weeks continuous medication at our springs, and who would come if their physicians would lay the substance of these remarks before them. It would be safe to send any such to Miss Arethusa Wood, corner of Circular and Bath streets, whose rooms appear in fine order, and who would be likely to know where such houses could be found in case her own was full.

*Saratoga Springs, July 6th, 1847.*

M. L. NORTH.

---

## THE BOSTON MEDICAL AND SURGICAL JOURNAL.

~~~~~  
BOSTON, JULY 14, 1847.

---

*Disinfecting Agent in Typhus Fever.*—A lady, in the charming, rural town of Quincy, whose heart is under the kindest influences of Christian philanthropy, sent a note to the Mayor of Boston, the other day, in which was a copy of the recipe once exceedingly prized for disinfecting ships, hospitals and houses, in which the typhus had become an alarming fixture. His Honor transmitted it to us, and we insert it in the Journal, out of respect to himself and his fair correspondent, although it is by no means new to us—nor have we much confidence in its agency in overcoming the causes which produce or keep alive the disease in question. However, as an opportunity now occurs on a large scale for ascertaining its true value, and testing the properties of the gas in passenger ships where the fever has prevailed extensively, the mixture will be prepared according to the lady's transcribed directions, and a trial made of it.

“Quincy, June 30, 1847.

“I suppose the properties of this gas must be generally known to all medical men; but I will not, like Dr. Jackson, the chemist, lose a chance of

preventing human suffering as quickly as possible, by neglecting to speak of it; and therefore make my report to the Mayor.

"The following recipe for the prevention of infection from typhus fever, by Dr. J. C. Smith, of London, gained for that gentleman a reward of £5000 from Parliament.

"Take six drachms of powdered nitre (salt petre), and six drachms of sulphuric acid (oil of vitriol). Mix them in a tea cup. By adding one drachm of the oil at a time, a copious discharge of nitrous acid gas will take place. The cup to be placed, during the preparation, on a list hearth, or plate of heated iron, and the mixture stirred with a tobacco pipe. The quantity of gas may be regulated, by lessening or increasing the quantity of the ingredients. The above is for a moderate sized room; half the quantity would be sufficient for a small room. Avoid, as much as possible, breathing the gas when it first rises from the vessel. No injury to the lungs will happen when the air is impregnated with gas,—which is called *nitrous acid gas*, and it cannot be too widely known that it possesses the property of preventing the spread of typhus fever."

---

*Means of Preserving Health at Vera Cruz.*—E. H. Barton, M.D., of the U. S. A., President of the newly organized Sanatory Board of the city of Vera Cruz, recently issued, among others, the following recommendatory regulations to the inhabitants, which are of general interest to all persons travelling in that and similar climates:—

"The *first* precept it teaches is Temperance, in every sense of that extensive term—but especially with regard to an indulgence in intoxicating drinks, and overtasking the digestive organs with strong and rich food, or that which is difficult of digestion, or green fruit—or very much of ripe fruit, if you are unaccustomed to it.

"The *second* is in relation to exposure to the sun and night air: the first will be avoided as far as practicable, and particularly from 7 A. M. to 2 P. M., and the night air is the more dangerous from the increased susceptibility acquired by a previous exposure to the sun; and if necessarily in it, use flannel and be in motion while so exposed. Use every prudent means to avoid exposure to the rains and dampness now daily expected.

"The *third* is in regard to your dress—rather be too warm than too cool—flannel to the skin is strongly advised; avoid indulging in the seductive but dangerous drafts or currents of air—watch carefully the first approaches of coolness or chill, and retire from it.

"On the first signal of sickness—pain in the head, back and limbs, apply to a competent medical man, and obey his instructions implicitly. Use the warm and salt baths freely before your meals, or not sooner than three hours after; the first is most applicable when exhausted from fatigue."

---

*Medical Reform in France.*—The following article is taken from the Boston Daily Atlas. It is more recent than any thing we have seen in the French journals on the subject. An effort is making to purify the medical ranks from ignoramuses, and unprincipled pretenders to a knowledge which they never possessed.

"Cousin, the philosopher, made a long speech in the Chamber of Peers, on the 4th, against a Medical Reform Bill, introduced in accordance with the views of 5000 practitioners from all parts of France, who assembled



here last November. Its principal features are—a prohibition of practice without a regular Diploma conferred in France or received here as an equivalent, and the establishment of *Medecins cantonnauz*, bound for a certain salary to attend the poor gratis, who are to replace the *Officiers-de-Sante*. These Health Officers, who now minister to the ills of small villages, are not required to take literary degrees, and undergo but three oral examinations, on anatomy—the elements of medicine—surgery and pharmacy. By the proposed law, all practising medicine must conform to the present regulations, by which candidates for the degree of M.D. must have graduated as Bachelors of Letters and Sciences in the Sorbonne of Paris, or the Faculties of Strasburg or Montpellier. The period of their studies is four years, during which they are required to undergo five examinations, and to defend a thesis. The first examination has for its object—natural history, natural philosophy, and chemistry; the second, anatomy and physiology; the third, the *theory* of medicine and surgery; the fourth, *materia medica*, and medical jurisprudence; the fifth, the *practice* of medicine and surgery. Of these examinations, two, the first and the fifth, are essentially practical; each student being required, for the former, to perform a minute dissection in presence of the Board of Examiners; and for the latter, to examine two patients who are presented to him in the hospitals. The Thesis is written in Latin or French; the examinations are public, and of a very stringent character. There are now in France 12,000 doctors in medicine and 8,000 health officers. The average number who have received the degree of M.D. for the past three years, is 300.”

---

*Goodwin's Surgical Splints.*—It gives much pleasure to ascertain, from many sources, that the various kinds of splints and ingeniously devised fracture apparatus manufactured by Mr. Goodwin, of Ashfield, Mass., are constantly gaining in the estimation of surgeons. They are light, neatly made, and well fitted to answer the intention of such instruments. Mr. Goodwin's splints are prized in Boston, and now appear to be much used. We have always been gratified to loan those belonging to our own collection, that gentlemen may ascertain their character, and thus avoid purchasing an article that they might not afterwards like. The set is not only cheap, but in all respects convenient and economical. At No. 67 Union street an agency is established with Mr. Goodwin's son.

---

*Hot Springs of Arkansas.*—Those who own this property exhibit a noticeable degree of activity in sounding the praises of the water over the land. The springs are curiosities, especially when it is recollected that the water is hot, and that a fire is burning below it to maintain a temperature that scarcely varies half a degree perhaps in centuries. Like the hot and warm springs of Virginia, in neuralgic and rheumatic complaints they are excellent; but the skill of the proprietors in the construction of a circular is the principal object of this paragraph. Here is a detached morsel taken from mid-ships. The reference is to nature, and runs thus :—

“ She feels no pulse, nor asks complaint,  
 To set the price of cure;  
 But, free to all, without restraint,  
 She gives her waters pure.  
 She gently soothes the sufferer's pains,  
 Nor uses lance nor pill;  
 She needs no clerk to count the grains,  
 No over-doses kill.”

*Medical Matters in Virginia.*—An institution, under the title of the Scientific and Eclectic Medical Institute, was chartered by the Legislature March 8th, 1847, and is located at Petersburg. Of its precise object or character we are not well informed. A course of lectures is to commence the first Monday in November, and the following persons compose the faculty. Our impression is, that it is a Thomsonian machine for the manufacture of a very low order of medicine mongers. ———, Professor of Physiology and Pathology. A. M. Black, M.D., Professor of Anatomy. C. J. Kenworthy, M.D., Professor of Surgery. W. Beach, M.D., Professor of Principles and Practice of Medicine. E. C. Banning, M.D., Professor of Obstetrics, &c. Henry M. Price, M.D., Professor of Therapeutics and Materia Medica. J. Thomas, M.D., Professor of Chemistry and Forensic Medicine.

---

*University of New York.*—At the late commencement, after the academical exercises, the following gentlemen were admitted to the degree of M.D., viz., Henry Beach, N. Y.; James L. Grant, Ga.; Daniel F. Vastbinder, Canada; John G. Baylis, N. J.; Erastus Taft, Ill.; and Peter C. Eisenlord, N. J. An honorary Degree of M.D. was conferred on Thomas Dillard, Va., and Alex. A. Hunt, N. J.

---

*Medical Books on Sale in Boston.*—Messrs. Ticknor & Co. have issued a new and complete catalogue of all medical works to be procured in Boston, comprising recent publications on anatomy, medicine, surgery, midwifery, materia medica, medical jurisprudence, &c. The collection is an inviting one to select from, and those solicitous of knowing what there is new in the bibliographical market, can procure one of these catalogues gratuitously, by addressing the publishers through the mail. It is at least pardonable, we believe, to say that standard medical books can be purchased in this city at a reasonable price.

---

*A Black Person becoming White.*—From the Northampton Democrat, the following singular intelligence is taken. "The extraordinary fact of a black woman turning white, has recently occurred at Cairo. The woman is the wife of a soldier belonging to Ibrahim Pacha's guard, and, according to the evidence brought forward, it was during the two last years that her black skin peeled off by degrees, without any inconvenience to herself, and has been replaced by a white skin. Her features distinctly belong to the Ethiopian race, and her flat nose, thick, projecting lips, wooly hair, peculiar cheek bone, her accent, and the shape of her feet, all denote her origin. Five medical men at Cairo have certified to the above facts."

---

*Hampden Sydney College.*—Dr. James L. Cabell, now Professor of Anatomy and Surgery in the University of Virginia, has been selected, and has consented, to take charge of the Professorship in the Richmond Medical College, recently made vacant by the death of the late Dr. Augustus L. Warner. Dr. Cabell is now widely known as a medical instructor, and will prove a valuable accession both to the college and city.—*U. S. Gazette.*



*A Place without Doctors.*—The Post Master writing from Geneva, Coffee County, Alabama, makes the following *extraordinary* annunciation:—

“Strange to say, among a population voting about eight hundred, some pretty large families, and this village containing about forty families, we cannot count *one doctor*. Our village, Geneva, is on a stream navigable for steamboats, at the heart of navigation, and in a cotton region.”—*Western Lancet*.

*Monument to Bichat.*—The Municipal Council of Paris have granted the sum of 1000 francs, as a contribution, towards the erection of a monument to Bichat, in the Faculty of Medicine. This is said to be done in consideration of Bichat, who, although he lived but 31 years, “merited so highly of science and humanity, and rendered his name immortal by his labors, his discoveries and his genius.”—*London Lancet*.

*Medical Miscellany.*—The native population of the Sandwich Islands is rapidly decreasing, and the opinion is entertained that the whole will finally disappear before the Anglo-Saxon race.—Jahr’s new Manual, or Symptomen Codex, is in progress at Mr. Radde’s press, New York. This is represented to be more complete than the first edition, and will contain about 1000 pages. We have not yet seen a specimen.—*La Lancette Canadienne*, a medical periodical of Montreal, has been discontinued after a brief existence.—Readers will notice that an important item of information in regard to the Medical Department of the New York University, was omitted in the advertisement in last week’s Journal, but is supplied in the present No. An addition is also this week made to the Berkshire Medical School advertisement.—The tables of death in the Pennsylvania Prison, where solitary confinement has been long practised, show that 1 prisoner in 23 died yearly; while at Charlestown, where the prisoners are allowed to mix together, only 1 in 84 died. The usual proportion of insane persons in society at large is about 1 in 1000; in the Pennsylvania Prison 28 in 1000 are insane.—Dr. B. F. Harney, of the Army, was in a train attacked by a scout of Mexican soldiers, lately, but by his bravery probably saved the lives of himself and companions.—Mr. John F. Macy, No. 3 Lowell Court, near Boylston market, is a good manufacturing chemist, and worthy of general patronage.

TO CORRESPONDENTS.—Dr. Dixon’s paper on Cataract, Dr. Marcy’s on Ethereal Inhalation, Dr. Fisher’s on Sea Sickness, Dr. Bemis’s Case of Ethereal Inhalation in Labor, Dr. Hall’s Case of Laryngitis, and the remarks of “H.” on the Duties of Physicians, have been received.

MARRIED.—Dr. William Lester, of Hadley, Mass., to Miss M. Peck.—At Salem, Mass., Dr. J. F. Tuckerman, U. S. N., to Miss L. S. Saltonstall.

DIED.—At St. Johns, Dr. Collins, a young and accomplished physician, of ship fever, which was contracted in rendering voluntary professional assistance to Irish emigrants in the hospital.

*Report of Deaths in Boston*—for the week ending July 10th. 76.—Males, 41—females, 35.—Stillborn, 3. Of consumption, 7—typhus fever, 29—scarlet fever, 2—bronchitis, 1—croup, 1—dropsy on the brain, 5—old age, 1—disease of the liver, 1—marasmus, 3—inflammation of the lungs, 1—inflammation of the brain, 1—infantile, 5—hooping cough, 1—drowned, 2—convulsions, 6—teething, 1—child-bed, 2—worms, 1—inflammation of the bowels, 2—apoplexy, 1—debility, 1—dysentery, 1—measles, 1.

Under 5 years, 31—between 5 and 20 years, 8—between 20 and 40 years, 17—between 40 and 60 years, 15—over 60 years, 5.

*Births and Deaths.*—Another of those mines of medical statistics furnished by the quarterly returns of the health and mortality, has been issued by the Registrar-General. It abounds with many most judicious remarks on the causes which favor the prevalence of sickness in this kingdom; and it is furnished with several tables of meteorological observations made at different places. We make the following quotations:—"For many years the number of deaths in England has been highest in the winter and lowest in the summer quarter. In the summer quarter of 1846, the reverse was observed; the mortality was greater than it had been in any quarter of the seven preceding years; and in the last winter quarter, ending March 31st, 1847, fifty-six thousand one hundred and five persons in the districts which make the returns; a number greater than has been registered in any corresponding quarter, and 6,035 above the corrected average. The deaths in the quarter, in all England and Wales, may be estimated at 120,000." Again, 15,289 deaths were registered in London during the first thirteen weeks of the year; a greater number than has been registered in any previous winter since the weekly table commenced. Upon the whole, the health of London, like that of the rest of the country, has been below the average. The temperature was below the average (last winter), and the severity of the weather was one cause of the increased mortality. It is, however, worthy of remark, that at Greenwich the temperature was lower in the winter-quarter of 1845, when the deaths returned were 49,949, than in the past quarter of 1847, when the deaths were 56,105. Coupled with the severe cold of the past quarter, as a cause of increased mortality must be the high price of provisions, which was so general.—*London Lancet.*

---

*Coalition between the Faculty of Med. of McGill College, Montreal, and the Incorporated School of Medicine.*—A coalition has taken place between these hitherto rival institutions, which will secure to both parties great advantages, and be the means of conferring great benefits on the Franco-Canadian medical students of this Province. They have urged, and not without some shadow of propriety, that being unable to appreciate lectures on medical science, delivered in the English language, they were debarred from profiting by those delivered at the University, and were consequently shut out from graduating in medicine, in this colony, in the only institution capable of conferring degrees. The coalition has removed this impediment; and in order to secure the object, the tickets of the lecturers of the School of Medicine will be acknowledged by the University, and their students may graduate upon the fulfilment of the simplest University regulation—that of completing one *annus medicus* in the University, the examination for the degree being moreover conducted in the College Hall, by the Lecturers of the School of Medicine themselves, and in the French language. Although this coalition has been effected, the two institutions are yet perfectly distinct; the Faculty of Medicine of the College, being nominally the English lecturers under the charter of the School of Medicine, while University privileges are extended to the tickets of the lecturers of the same institution who will restrict themselves to the French language.

As far as regards the coalition of the Schools, we have been informed by several of the most respectable of the Canadian practitioners in this city, that the measure has given general satisfaction.—*British American Journal of Medical and Physical Science.*



# THE BOSTON MEDICAL AND SURGICAL JOURNAL.

VOL. XXXVI.

WEDNESDAY, JULY 21, 1847.

No. 25.

## FATAL CASE OF LYRYNGITIS.

[Communicated for the Boston Medical and Surgical Journal.]

GEO. L. AMES, the subject of this case, a middling-sized man, a valuable citizen, and knife manufacturer by occupation, aged 35, had, from his youth up, enjoyed tolerable health until the present attack, which took place about the middle of December last, with a sense of painful suffocation in the *larynx*. Some years before this, he had experienced pain in the right shoulder, but this had long since subsided, when the present affection came on. At first his respiration was labored, but was most difficult in his sleep; was not observed in his waking hours until about six weeks before his demise. The patient complained of no pain in breathing, save the aching sensation at the top of the *larynx*, which became extremely annoying as he approached his final dissolution.

Till within the last four days of his illness, he had been under the direction of his medical advisers in Boston, near which place he resided. A seton had been inserted in the back of his neck, argent. nit. attempted to be applied to the part affected, and some mild alterant medicines taken internally, but all without any decided effect. The patient being on a visit to Burlington with his wife, where he met the family circle, consisting of his mother and five sisters, who had convened for a family interview, came at last under my observation. My first visit to him was the 22d of June inst. At this time his respiration had become extremely difficult and rough, giving audible testimony of his sufferings throughout the room. He frequently made an attempt to cough, though generally without effect. It was perfectly plain that the pathological seat of the disease was the *larynx*; consequently I applied my remedial means as near to it as possible, viz., administered internally the bi-chlor. mer., chlor. soda and gm. Arabic; scarified and cupped the throat, applied leeches, succeeded by a blister. The patient took the syr. Canadens. sang., scillæ and digit., and calomel as a cathartic, *pro re nata*.

Although there was every rational conviction of approaching dissolution, we vain would imagine that some relief was realized in the use of these means—expectoration being somewhat promoted, the pulse softened and the flush of the face removed; yet fatal suffocation took place the fourth day of my attendance, whilst the patient was yet able to walk the room.

*Post-mortem examination, 16 hours after death.*—Present, Dr. Marsh

(who had been my consulting physician), Drs. Pitkin and C. H. Hall (the latter operating), and G. M. Hall, medical student. Body of deceased round and well formed, though somewhat emaciated. On raising the sternum the heart and lungs appeared in a healthy condition, excepting a small adhesion at the upper portion of the right lung to the pleura beneath the clavicle. On separating this, which appeared of long standing, a sort of dark bloody engorgement was presented, perhaps tending to a species of ulceration. Yet this manifestly could have had no share in the fatal result of the case. After removing the *trachea*, the glottis and epiglottis were found much injected and thickened, and the *larynx* posteriorly was very tumid, and of a shining dark-red color, containing a mass of thick, dark foetid matter, the bulk, at least, of a large walnut. This appeared not sufficiently detached from the cavity to be thrown off, yet there was a line of separation between its walls and morbid contents, which was evinced by the fluidity of the matter around its borders, trans-fusing itself down the trachea, on its mucous lining.

*Remarks.*—This tumor was undoubtedly the immediate cause of death by obstructing respiration; and from the healthy structure of the other parts of the respiratory organs, *tracheotomy* seems to have been indicated. This possibly might have been a valuable remedial agent in a final recovery. At any rate, it doubtless would have prolonged life for a short time, at least; and perhaps relieved the unhappy sufferer. Yet it is not at all certain that the malignant character of the ulcer could have been changed into healthy ulceration, and the organ be made to return to its natural function, during the vicarious respiration. From the foregoing case the question is suggested whether, in a similar case, tracheotomy ought to be resorted to. It is my opinion that the operation ought to be performed, regardless of responsibility, in cases of such imminent danger.

*Burlington, Vt., June 30th, 1847.*

CHARLES HALL.

#### REMARKS ON THE COMPARATIVE VALUE OF THE ANTERIOR OPERATION, WITH A DESCRIPTION OF A NEWLY-MODIFIED CATARACT NEEDLE.

By Edward H. Dixon, M.D., of New York.

[Communicated for the Boston Medical and Surgical Journal.]

In presenting to the profession an improvement in the cataract needle, the writer hopes to escape the charge of adding a useless novelty to an already overstocked arsenal of surgical implements, or a desire to attach undeserved importance to a modification of an instrument that has already received the impress of so many astute minds; where Scarpa, Beer, Jacob and others of such just pretensions to surgical skill, have preceded us, the present suggestion may be thought superfluous. Be this as it may, whilst presenting to practical ophthalmic surgeons an improvement for which we have long felt an urgent necessity, we are content to abide their opinion of its importance as a practical improvement, only remarking, that so far as the experience of nine cases will go, we are satisfied of its value to



ourselves. Those who are not constantly and practically familiar with the different operations for cataract, cannot be expected to form a correct judgment of its merits; nay, it is highly probable it may be supposed of very trifling importance; simply (and indeed it is nothing more) a much shorter and more curved instrument than Scarpa's or Jacob's. The former we have always used with the most satisfaction, and we believe it will ever continue to fulfil the desires of the surgeon as an admirable instrument for depression; that operation, however, is attended with so much hazard, that we think, with the judicious Dr. Hays, of Philadelphia (see his excellent note, p. 659, to his late edition of Lawrence on the Eye), that the operation for absorption is destined to be much more highly esteemed than hitherto for adults as well as children. Mr. Saunders was so successful with the latter, that the operation, as first proposed by Couradi, for adults, seems to have been in a great degree forgotten, for the more immediate and brilliant results of depression and extraction.

Depression, Lawrence remarks (see Hays's edition, p. 654), "when performed in the most careful manner, and confined to the simple object of removing the cataract from the axis of vision, depression often excites serious and dangerous inflammation. This will be more likely to occur when we add to the displacement of the lens, laceration of its capsule and the passage of its fragments into the anterior chamber." These sentiments will be esteemed correct by every practical man. There is undoubtedly great danger to be apprehended from the injudicious direction in which the cataract is depressed; we have, ourselves, repeatedly seen it carried directly downward. However judiciously done, it must be admitted that there is more or less danger from pressure on the retina by compressing the vitreous humor, as well as the additional fear of inflammation from puncturing the sclerotic and choroid coats, both being so well supplied with nerves, and one being so vascular as to be almost entirely composed of bloodvessels.

It is unnecessary for me to speak of the dangers of extraction, and the few cases to which it is applicable; the candid surgeon, who is more ambitious to cure his patient than to show his skill, always acknowledges them.

It may be thought, however, by some, that we attach undue importance to the anterior operation itself, as well as the instrument that enables us to effect in one, what has hitherto required several efforts. That the reader may judge more correctly of the propriety of our estimate, we will state the reasons that have induced us to apply it in many cases of aged persons, to which, during our studies, we were instructed that it was quite inapplicable. Such as they are, our views are the result of considerable practice, and we regret to say some failures that we are now satisfied might have been avoided, had we sooner availed ourselves of a reasonable amount of scepticism on the assurance, that it "was vain to hope for absorption in the hard or caseous cataracts of old persons."

The first case of cataract upon which we ever operated, occurred in a person of 75 years of age, some eighteen years since, whilst still a student. We depressed the cataracts, they being of a caseous character,

and had the mortification to find one of them arise on the second day, and almost obscure vision; nevertheless, this cataract was completely absorbed in two months, although a very slight opening only was made in the capsule, the operation having been performed with a common and straight sewing needle. During the progress of absorption, we could distinctly see the little flocculi, of the disorganized lens, vibrating in the aqueous humor which had found access to it through the pupil.

Had we followed out the train of thought induced by that operation, and paid more attention to the powers of nature and less to professional dicta, the result would have been a more frequent performance of the anterior operation, and the consequent saving of a number of eyes since lost by the operations of depression and extraction.

Even in persons of very feeble constitution, as we know from experience in a number of cases, absorption goes on with nearly as much rapidity as in healthy ones. Add to this, the fact that no other than the anterior operation can be used with any hope of success in cases where the iris is extensively adherent to the anterior capsule, and the almost certain immunity from excessive inflammation, and we cannot help thinking, with Dr. Hays, that the operation for absorption should be far more general than it is.

It is a matter of surprise to us that Lawrence should not have estimated this operation as we think it deserves. Speaking familiarly as he does of the comparative facility with which absorption occurs in young persons, and having such ample opportunity for observation of its occasional occurrence even under unfavorable circumstances in old ones, it is strange to find the following (p. 663), *opera citata*. "I think that the anterior operation should be abandoned as a general mode of proceeding, and that it should be confined to the laceration of the capsule, and the consequent admission of the aqueous humor to the substance of the lens, as the first step in the proceeding by absorption or solution, the operation being subsequently completed by the needle introduced behind the iris." Why "the first step"? If it be sufficient to produce partial absorption, why not complete the cure by a repetition of the anterior operation?

Or is it not probable that the distinguished author, as well as his accomplished annotator, Dr. Hays (for he operates for solution by the posterior operation, and with a straight needle), have both felt the want of an instrument with which the lens could be effectually broken up by the anterior operation, without the possibility (unless by an unskilful and rude operator) of dislocating it, and thus incurring dangers equal to those liable from depression? Such, we confess, was the reason why we practised the posterior operation, though with the object of leaving the lens in situ, and were obliged often to repeat it, though we used a Scarpa's needle with its full amount of curve.

Dr. Jacob, of Dublin, has suggested an instrument made of a sewing needle slightly curved and sharpened on each side, that answers a good purpose, after it is introduced; but here lies the difficulty, and it will be seen it is no imaginary one even in his hands. We quote his own words (see Lawrence, p. 655). "The operator now pushes the needle through



the cornea, which frequently yields like wet leather, and the eye often turns so much towards the inner canthus that the pupil is hid, and he must rely upon his knowledge of the course which the needle necessarily takes, in order to conduct it to the lens. This is the principal difficulty to be surmounted. If the surgeon does not now steadily push the needle forward, whatever resistance he may feel, he will find, when the eye returns to its proper position, that the point of the needle is still entangled in the cornea." We very much fear, if most operators were unwise enough to "push the needle forward, whatever resistance they might feel," the pupil "being hid," even though they "relied upon their knowledge of the course which the needle necessarily takes" (*query*, why necessarily), they might find, when matters once again came to their sight, that they had made a grievous laceration of the cornea, and, unless the needle were particularly tough, broke it off in the conflict. We are bound, in deference to Dr. Jacob's acknowledged skill, to suppose this a hastily-written sentence, and that he experienced in his own operations no such awkward mishaps.

Dr. Hays remarks (see his Lawrence), and the suggestion is, as usual with that gentleman, sound and practical, "we have ourselves always employed in this operation either a small Scarpa's needle (fig. 118), or such an one as is represented in the accompanying figure (126), both of which have cutting edges, and therefore operate more favorably when a rotary or drilling motion is given the instrument, than Dr. Jacob's needle, which, under such circumstances, presents its flat sides. Dr. Jacob's instrument would perhaps answer better if it were ground above and below, instead of on each side. A good edge is not so readily, however, given to it in this way, but perhaps this might be accomplished before bending." Every one will see the propriety of the needle being ground as Dr. Hays suggests, for the whole operation, after puncturation, should consist in rotating the needle between the thumb and fore finger, and it can only cut the capsule if thus sharpened.

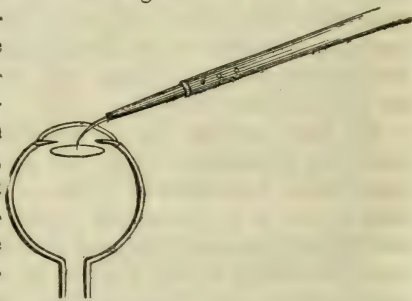
Whether the needles to be had in the Dublin shops are of a better temper than those we get here, or whether we were unfortunate in curving something near a hundred, that we tried merely out of curiosity, not to use them, we confess a great suspicion of these domestic implements, and would much rather seek them of the cutler, particularly if made as admirably as we have had the good fortune to get them of Goulding, in Chatham st. The misfortune of having one break off in the cornea, perhaps within the anterior chamber, would be distressing, particularly if coupled with the reflection that a good instrument might have been had for a dollar.

Why should there ever be any difficulty in puncturing the cornea? This is a question that we may boldly answer, without fear of contradiction; there should be none, if a proper instrument be used, and it be applied by a steady hand and *at a proper angle to the cornea*. Yet it is possible that too short a curve, more particularly if given to a needle of the ordinary length, which would "give" considerably to the necessary pressure, might produce all the evils set forth by Dr. Jacob in his cautions. Every

mathematical mind will at once perceive the necessity that the curve of the needle should be such as to form a segment of a small circle, and that an imaginary continuation of the same segment should be the track in which, by a partial rotation of the wrist, it should glide through the cornea and present its point to the lens. Precisely according to its degree of curvature will be its efficiency in cutting to pieces the capsule and lens.

It then follows that a needle should be sufficiently curved to allow its perfectly easy introduction in a curved line, and a decisive action upon the lens by the rotary movement only; and that every part of the needle should be perfectly stiff, admitting no bending which would derange the proper curve of its entrance, and require lateral pressure at a greater or less angle from the shaft of the needle. The needle should be pushed forward, not pressed in by the thumb of the surgeon.

The accompanying diagram illustrates precisely our views and the exact curve of the needle, premising that its point and sides are precisely like Scarpa's. The length of the curve, and the shaft only, constitute our improvement; but this, indeed, if anything, is everything. There are three parts to the needle, which are sufficiently apparent without lettering. First, the



needle proper, which in the cut is nearly within the anterior chamber. Next, the iron part of the shaft, constituting what forms the principal part of the length of all other needles; it is made thicker than the needle, so as to be completely inflexible; if the ivory handle were continued to the curve, or needle proper, it would be too thick, and thus obscure the view of the operator, particularly in children. Then there is the handle proper, made as in ordinary needles of ivory.

Dr. Jacob was aware, as appears in his observations (see Lawrence, p. 664) of the propriety of having the needle much shorter than usual, and much more curved, expressly, as he states, to afford greater facilities in entering the cornea; but he reduced his observations to no rule, nor did either he or Scarpa state it as a principle that the needle *should be inflexible, and form part of an accurate circle*.

We are quite aware that if any portion of the curve or needle proper, in our instrument, should remain out of the cornea when the point reaches the anterior capsule, the rotary motion given to the handle must slightly move the ball at each turn; yet as there must be a little length of needle to spare, in order to allow of the comminution of a hard cataract, as the point follows it in the operation, to its very centre, and even beyond it, we are unwilling to sacrifice the principle of having the needle form a portion of a true circle; we incline to the opinion that the practical surgeon will find the slight motion of the ball, when rotating the needle, of no consequence, compared to the increased efficacy of the instrument in cutting the lens, and its great facility in introduction.



In each of the nine cases where we have tried it, we effected four times as much, in an equal time, as we ever did with Scarpa's needle, and no inflammation followed. So far as its efficacy is concerned, these nine cases are as convincing as though they were six hundred. The practical operator will not consider this expression as immodest, for we are quite sure that where no physiological doubt intervenes (and it will be observed we now only speak of its adaptation to divide the lens), any operator would be sufficiently satisfied by the experience derived from nine consecutive cases.

---

#### INHALATION OF ETHER TO PREVENT PAIN.

To the Editor of the Boston Medical and Surgical Journal.

DEAR SIR,—So much has already been written in regard to the discovery of the inhalation of the vapor of sulphuric ether for the prevention of pain during surgical operations, that the patience of your readers must be nearly exhausted. With your permission, however, I will briefly give those facts of which I am personally cognizant, leaving it to the public to judge who is to have the credit of the discovery. We have seen several pamphlets and numerous publications, in which the motives and veracity of many highly respectable men have been freely called in question; but we shall avoid allusion to all these things, and simply submit to the public a statement of facts which have been substantiated by affidavits, &c., in the fullest manner.

1st. In October, 1844, the discovery was made and practically applied by Horace Wells, Esq., of Hartford, Conn., upon his own person, as well as upon a number of other respectable individuals, that the nitrous oxide gas, when inhaled, possessed the power of rendering the body completely insensible to the pain of surgical operations.

2d. Shortly after this discovery was made, the writer of this article witnessed the extraction of a tooth from the person of F. C. Goodrich, Esq., of this city, by Mr. Wells, without any apparent pain from the operation. On questioning Mr. Goodrich, after the extraction, he assured me most positively that he had not been conscious of the slightest pain during the operation.

3d. It was at this interview that I suggested to Mr. Wells the use of the vapor of pure sulphuric ether as a substitute for the gas, at the same time avowing my entire belief in its efficacy, and my firm determination to make a trial of it for the performance of a surgical operation as soon as possible. This trial was successfully made a few days after, in the cutting a small tumor from the head of a young man. On account of the disagreeable smell which necessarily attends the use of ether, the choking sensation which it is apt to cause, and from an opinion which I then formed, that the after-effects were more unpleasant than those of the gas, I gave the nitrous oxide the preference, and I have not since had occasion to alter this opinion.

4th. From especial and accurate observations in numerous instances, I as-

sert most positively that the effects of the inhalation of nitrous oxide gas and the vapor of rectified sulphuric ether, are precisely alike in rendering the body insensible to the knife, and that no more muscular efforts occur from the use of the one than of the other. All who have made trial of these two gases, under the same circumstances, will fully corroborate the above statement. The specific effect of both is exerted upon the nervous system, and probably in the same manner. The first effect of each is undoubtedly *stimulant*, as is evinced by the increased pulsations of the heart and arteries. The secondary effects of both are *narcotic*, giving rise to loss of sensation; and, if carried to extremities, to entire loss of motion, animal heat and death.

5th. In making this statement of facts, I wish to have it distinctly understood that I lay no claim whatever to any credit, for any part which I may have taken in the matter, for I firmly believe (and all impartial men must agree with me) *that the whole discovery consisted in the idea conceived and practically carried out by Mr. Wells, that protoxide of nitrogen, when inhaled, possesses the property of destroying pain during operations.* It is true, beyond question, that almost any person familiar with chemistry, on learning the discovery of Mr. Wells, would naturally have suggested the use of ether vapor as a substitute for the gas. Indeed it appears that the use of the ether did suggest itself to several persons in this city (amongst whom may be named Dr. J. M. Riggs and Dr. P. W. Ellsworth), soon after Mr. Wells had communicated his new process. Now when we reflect that that effects of these substances when inhaled have always been looked upon as analogous, and have usually been discussed in connection, it will not be a matter of surprise that the use of ether was suggested instead of the gas, nor will it appear strange that other similar gases and vapors have been successfully introduced to accomplish the same ends.

6th. A very important physiological fact, which has been almost entirely overlooked by the profession, may here be mentioned. We refer to the astonishing power which an individual is capable of exercising *over his own will*, in resisting and directing the impressions of medicinal agents. When exhilarating gas, ether vapor and analogous substances, are administered in moderate quantities, *for no definite object*, and the subject is left without any previous impression having been made upon his mind, except that he is inhaling an exhilarating substance, the effects of these agents are usually spent in muscular efforts. If, however, the *will* be exerted in order to ensure quiet and speedy loss of consciousness, this result is usually attained. For some interesting facts in relation to this subject, see the "Boston Medical and Surgical Journal" of June 9th, page 377. Even *mental impressions alone*, have often acted upon the nervous system in such a manner as to render the body insensible to pain. This fact has been satisfactorily ascertained by the writer upon individuals while in the trance which often occurs to members of the Methodist sect, from religious excitement. The first effect of these violent religious impressions is highly *stimulating*; and when we reflect that if the nervous force be taxed beyond a certain point (*there being only a definite and*



limited amount of this nervous power generated within the system), we can readily perceive how the whole of this force may become exhausted, and the nerves thus rendered incapable of conveying sensation.

7th. In conclusion, we beg leave to submit the following copy of an affidavit, in our possession, from a highly respectable gentleman of this city, whose honor and integrity no one will presume to assail. The following is an accurate copy :—

“This may certify, that during the fall or early part of the winter of 1844 (I am not positive as to the precise time), I was induced to try the experiment of having a tooth extracted while under the influence of nitrous oxide gas, which was performed by Dr. H. Wells, dentist of this city. Dr. E. E. Marcy, of this city, was present during the operation, and suggested to Dr. Wells, at that time, the inhalation of pure sulphuric ether vapor, in preference to the nitrous oxide gas. He recommended it because it was more easily prepared, and produced, when inhaled under the same circumstances, precisely the same effects as nitrous oxide gas. The propriety of using pure sulphuric ether, the nature of its effects upon the system, were discussed at some length between Dr. Marcy and Dr. Wells, in my hearing. Dr. Marcy was very sanguine in his opinion of its effects upon the system, its capability of rendering it insensible to pain under severe surgical operations, and expressed his determination to use the sulphuric ether himself in a surgical operation which he expected to perform in a few days. I make this statement, not because I wish to come before the public in connection with this discovery, but because facts identify me with it. I had much rather remain silent than have my name in any way connected with the subject under controversy; but it is an act of justice due to the parties, that I should make public this fact.

“Hartford, Conn., July 6th, 1847.

(Signed) F. C. GOODRICH.”

“State of Connecticut, }  
Hartford County. } Hartford, July 6th, 1847.

“Then personally came before me the above-named F. C. Goodrich, and made solemn affirmation to the truth of the facts above stated by him.

“(Signed) BENNING MANN, Justice of the Peace.”

With the above facts we take leave of the subject, trusting that the public will make an impartial and just decision.

E. E. MARCY, M.D.

## INHALATION OF ETHER IN LABOR.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—Having been called to one of those difficult and embarrassing cases of labor which are occasionally met with, and finding so much relief to my patient, and satisfaction to myself, from the inhalation of ether, I will give you history of the case.

June 10th.—Was called to Mrs. H., in labor with her first child.

From some feelings of delicacy she engaged a midwife from Boston to be with her at the time of confinement. After having been there some twelve or fourteen hours, as she says, during which time the pains were regular, and, as she thought, sufficiently severe to accomplish delivery, she found something wrong, and told the husband that she could not be delivered, as there was something very unusual in the presentation, and she wished a physician sent for. About 6, P. M., I found her in great distress; had been in severe labor since morning. On examination, I found both arms down, the right one as far as the scapula; the cord had been down from the commencement of labor, and had ceased to pulsate, as the midwife said, from the time of its first coming down. The waters had discharged with the first pains. I could just make out that there was a foot to be felt over the right shoulder, which led me to suppose it possible there might be more than one child; though the arms were so large that I could hardly believe it to be the case.

Her pulse was very frequent, and her pains severe and continuous. I tried to make some change in the position, but could not. I concluded to let her inhale the ether, thinking that if I could not then succeed in effecting a change of position, I should remove the arms. I gave the ether, and in five minutes she became insensible. The pains were very severe, but no change in the position could be effected. I told the woman, after some delay, that I should endeavor to remove the child in portions, as I did not feel it safe to delay longer. She begged for me to do it, but wanted the ether. After again being fully under its influence, I removed one arm at the shoulder-blade, and the other, after several trials, at the shoulder-joint. I could then get hold of the foot which was over the shoulder, but could not find the other or feel that there was a head; nor could I, until the contents of the abdomen of the child had escaped through an opening which I made, find the feet to bring them down. The child was then delivered without great delay. The position was very unusual; the head being bent back upon the sacrum of the child, the arms forced down, and the child so doubled up as to cause one foot to be felt over the shoulder.

She said she suffered nothing, comparatively, during the three hours which were required to accomplish delivery, being under the influence of the ether most of the time. She recovered, without any unfavorable symptoms.

Yours, J. W. BEMIS.

*Charlestown, June 30, 1847.*

---

#### PHOCION'S SERMON ON THE DUTIES OF PHYSICIANS.

[Communicated for the Boston Medical and Surgical Journal.]

THIS sermon, which is published in No. 19, of Vol. XXXVI., of this Journal, contains much good advice, and the doctrines taught therein are, in the main, sound and wholesome. But there is one subject, under the head of obligations of physicians to their patients, which I think he has treated erroneously. Hear him. "Brethren, always remember that you



are not *priests* ; you are *physicians*. Your calling demands of you to heal *corporeal* and not *spiritual* maladies," &c. ; teaching and advising that no physician should give religious instruction to the sick, styling those who do, "intruders," who "should be kept out of the sick-chamber." Can it be possible that Phocion really means what he says ? Are we really to understand that the physician has nothing to do with mental maladies ? If this is true, I have learned the healing art amiss. I have seen it somewhere stated that the mind exerts a powerful influence over the body in some cases, even to the producing of disease in the latter. I have understood that the physician has in many cases much more to do with mental than physical disease. When Phocion speaks of "spiritual maladies," I think, from the context, he would wish to be understood moral maladies, as "religious instruction" by the physician is stoutly condemned. Now two classes of physicians are included in his advice, the religious and the irreligious ; and to which of these does our preacher belong ? If he belong to the religious class, I have but one thing to say—if he looks upon "religious instruction," the gospel of peace which bringeth "glad tidings of great joy," the promises of sacred writ—as "gloomy lessons of eternity and death," I have not learned theology like him. This of itself is evidence to me that he was not prepared to give advice upon that important subject. Again, is such advice required in the medical profession ? Is the practice of giving "religious instruction" by physicians, an evil so prevalent and of such magnitude, that it needs a check ? It may be in Phocion's district ; but it is not so in this region, and I think the profession in general would repel such a charge at once, as uncalled-for and untrue. Better advise physicians to *prepare* to give instruction, and then go forth, pouring the oil of consolation into the wounded spirit, at the same time they are endeavoring to mitigate physical suffering. To whom does the sick man look, in the hour of suffering, with so much confidence as to his medical attendant ? To whom are all the avenues of his heart so accessible ? The issues of life and death are in his hands ; nay, future and eternal interests are often poised upon the course he takes. That physician who has deliberately settled down in the decision that he has nothing to do with the moral well-being of his patient—of his dying fellow man—does not, I fear, realize the responsibility of his calling. But I am not alone in this opinion. Hear the pious and talented Prof. Spencer, of Geneva College, in his last advice to his class :—"It belongs not to ours, but to another and most useful profession, to become teachers of religious faith ; but its ministrations and altars should be respected ; and connected with this subject, there are high duties and responsibilities to be discharged by the medical practitioner. It cannot fail, for instance, of falling to the lot of every practising physician, to be anxiously interrogated by those dangerously sick, relative to the probable result. No greater injustice can be practised than to deceive the dying man, when, perhaps, the great interests of eternity may hinge upon your answer. Nor can the physician fail of witnessing the marked contrast between the death of a patient who has manifested through life an utter indifference to futurity, and the one whose

mind has been fortified by the hopes of the Gospel; in the one case fully realizing the poet's exclamation—

'All deaths, all tortures in one pang combined,  
Are gentle to the torments of the mind;'

the other alike exhibiting the effects of cheering, calming hope, while

'His hand the good man fastens in the skies,  
Bids earth roll on, nor heeds the idle whirl.'

"Withered be the hand of that infidel physician who seeks to loose the christian's hold on heaven. And that physician is to be pitied who neither shares the christian's hope, &c. \* \* \* The case, however, can hardly occur when it would not be the most marked inhumanity to deny to the sick or dying himself the visit of a discreet individual, whose special and beneficent duties call him to 'calm the troubled mind,' to rock the cradle of dissolving nature, and soothe the gloomy passage to the grave."

No, friend Phocion, upon this point I think you must be mistaken. The physician, above all others, should be a consistent christian. "Anoint thine eyes with eye-salve, that thou mayest see more clearly," when thou essayest again to give advice to others, upon so important a subject.  
H.

#### MEDICINAL PREPARATIONS.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—In medical practice, the failure of a remedy is often in consequence of its impurity or inertness. A physician prescribes, the druggist prepares, and it is important that the ingredients of the recipe should be pure, undiluted, and prepared of uniform strength. Most of the important remedies are chemicals, for which we are indebted to foreign preparation, relying on the importer for their purity. Many can be as well prepared here. The writer can recommend to his medical brethren and to druggists, Mr. John F. Macy, No. 3 Lowell Court, who from long experience as a practical druggist, and by particular attention to pharmaceutical chemistry, is enabled to furnish many of the preparations of iodine, ferrum, hyd., &c., in as perfect form and strength as any imported. I have had occasion in many instances to direct iodid. potassæ and syr. iod. ferri, made by him, and can depend with certainty upon them. An article manufactured by Mr. Macy, of great importance, and rarely found good, emp. plumbi, or diachalon, can be relied on, being made carefully from the best materials. I could designate other articles which will compare with any of the kind imported, but my object is to direct the attention of the faculty and of druggists to a native pharmaceutical chemist, who is worthy of patronage, and who will give them good preparations for a fair price.

Boston, July 16th, 1847.

E. ADAMS.



## AMALGAMS FOR FILLING TEETH.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—In your No. of July 7th, under the head of "*Reported Death by bad Dentistry*," you remark that "A report having been extensively circulated that the celebrated manufacturer, Mr. N. P. Ames, of Springfield, lost his life in consequence of swallowing the amalgam used in Paris for filling some decayed teeth; the dentists in New York have taken up the subject, much to their honor, with a view to ascertain the facts in the case. A messenger was sent to Springfield, and here follows the report. Considering all circumstances, the conviction is irresistible that the unfortunate man was not a victim to the bad dentistry of any regularly-educated dentist." You then quote a part of the report of the "messenger sent to Springfield."

Now, Sir, as your introductory remarks, as well as the quotation, give such a view of the matter as I am sure you would wish to avoid, to wit, an erroneous one, or at least such as is wholly one-sided, I am confident you will give me space in your next No. to present the matter under a different aspect, and that which appears to me to be the true and important one, and, also, that in which every person must see it who has attended to the whole affair.

The report to which you allude, was an article in the New York Tribune of May 26th, written by Dr. E. Parmly, of New York. The notice contained in that article was given by him, because he felt himself called upon to caution his fellow citizens against the evils which he and almost every dentist has seen, at some time during the last twenty or thirty years, as the result of using amalgams—"mineral pastes"—mercurial compounds for filling teeth.

The matter was taken up, not by the dentists of New York strictly speaking, but by *some dentists of that city*; but I cannot say, with you, "much to their honor," for this is not so apparent.

Dr. Parmly, like a faithful sentinel on the watch-tower of his profession, has always given seasonable notice of the approach of danger—like a true man, has always met the enemies of a just and honorable practice, face to face; in a manner not to be overcome, or even routed. He is not a man to pass false judgment on the doings of any member of the profession knowingly. He has no cause to attempt, much less has he ever shown any inclination to pull any man down, that he himself might appear to rise. He had established a high character as a professional man, and worthy and useful citizen, before the defenders of the vile practice of which he now complains, and has heretofore condemned, were at all known.

Dr. P. has not only noticed the effects produced by bad dentistry in the case of Mr. A., but has in the same paper—the Tribune—set forth the pernicious consequences, which commonly result from the use of amalgams in filling teeth. For this performance of his duty to the public, he has been charged by the dealers in mercurial paste, as making false statements; assuming an unwarrantable position as a judge over his fel-

lows, and aiming to injure his brethren in the profession, and that he has done all with the worst of motives.

But Dr. P. has shown himself entirely above all injury from such attacks. He has, *much to his honor*, furnished the most ample testimony of the truth of all which he has stated, concerning the melancholy case of Mr. A., and of the justness of his judgment in relation to the bad dentistry by which it was caused. He has not only come out unscathed from the flames of false accusation by which he has been surrounded; but, as every honest man must, under similar circumstances, raised, if possible, in the estimation of all who know him and are acquainted with the case.

I have not time, nor can you give me space to notice the particulars of the controversy. It will be sufficient for my purpose, to state that Dr. Parmly's evidence, in his last communication to the Tribune, in support of what he had asserted in his article of May 26th, was furnished from the only source whence correct information could be obtained or expected; and it accords with that which I have received myself in the most direct manner, and from unquestionable authority at Springfield, by special inquiry of those who were best able to inform me on the subject.

In regard to Dr. Parmly's remarks on the effects of amalgam in the teeth, he has been sustained by the testimony of many of the most scientific and experienced dentists of our country; which testimony he has also published in the Tribune of June 23d.

I have been led to notice the subject in this way, in consequence of your remarks quoted above, and from the desire to bear testimony, so far as I am able, in support of a man who has taken an unwavering position in defence of truth and duty, and in opposition to everything which he views as error, injury, or abuse of confidence in the practice of our profession.

I have seen so much of the pernicious consequences of filling teeth with mercurial compounds, that although cases do occur in which I am led to judge that I might do some temporary service, with but little if any risk of injury, by making use of them, I have always been unwilling, and am still determined, not to have my name connected with such an operation.

I feel convinced that the principal inducements to use "mineral paste," under any of its forms or names, are *cheapness, convenience and despatch*. The people are easily induced to run after low-priced operations. The material is of trifling cost. Any one can fill a tooth with it who could stop it with beeswax. And the time required for doing it, compared with that which must be given for placing a perfect gold filling, is not worth considering; so that any operator can "make more money" in a given time by the process. And hence, it requires neither capital, science, skill nor honesty for the *successful* use of it. Yours, &c.

No. 31 Winter st., Boston, July 17th, 1847.

J. F. FLAGG.



## SHIP FEVER.

THIS disease, which is but a malignant modification of typhus, has carried off great numbers ; and, we are sorry to add, from its remarkably contagious nature, is rapidly gaining ground in this city, Quebec, and those places along the route to the upper province usually followed by the emigrants. In consequence of the crowded state of the passengers on ship board, aided by poor diet, want of free ventilation, and that total absence of personal cleanliness, for which the pauper class of the Irish who arrive here appear to be distinguished—numbers have perished on the passage ; while in those, whose constitutions have enabled them to weather the hardships and distress incident to protracted voyages under the circumstances mentioned, the disease rapidly develops itself after their arrival, and is characterized by the same malignity, and a nearly uniform mortality, under whatever circumstances treated. When treated early, the disease is most usually found manageable ; but if delay takes place, even for a few days, before medical assistance is called in, the cases most frequently turn out unfavorably. It is usually ushered in by a rigor, general *malaise*, and the usual concomitants of a febrile attack ; to which are superadded a marked prostration of nervous energy, mental depression, disinclination to motion, the tongue usually affording palpable evidence of irritation or congestion of the mucous membrane of the alimentary canal, and in many cases the icteroid tint of the conjunctiva and skin denoting a congested state of the hepatic system, and an impairment of its functions. Diarrhœa, dysentery and bronchitis, are the usual complications, and in one respect the disease differs materially from the typhus which in previous years has prevailed among the emigrants, in the super-vention of profuse sweats, of a *non-critical* character, breaking out at irregular periods of the disease, and in all the cases in which we have seen it, indicating the necessity for an immediate recourse to a stimulant treatment. Petechiæ make their appearance usually about the sixth day, and are diagnostic of the severity of the disease and its type.

With reference to the treatment, we have to observe that one of an active nature is to be generally avoided. So great is the nervous depression and the debility, that the abstraction of blood, either local or general, can seldom be borne with impunity, even in those cases which, under ordinary circumstances, would appear most to demand it. In other respects, the treatment to be pursued is that usually employed in febrile cases, omitting every article likely to induce, or keep up, irritation of the mucous membrane ; while a cautious stimulation is usually early demanded when the pulse affords signs of weakness.

Up to the present moment, 32,338 emigrants have landed on our shores ; and of this number, exclusive of those who have died on the passage, and are sick in this city, Quebec, and the intermediate places (and of whom we have no record, because not entering the hospitals), upwards of 5000 have been known to have been ill—being about one sixth of the whole number. The medical staff at the quarantine, and at the Emigrant Sheds in the vicinity of this city, have received additions

to their numbers ; but are yet insufficient to meet the exigency. The medical officers in charge are worn out and harassed with their arduous and unceasing labors. The mortality is appalling. At the quarantine establishment at Grosse Isle, 2796 cases, of which more than four fifths were cases of fever, have been treated between the 8th of May and 19th June. Of this number 565 have died, being at the rate of 1 in every 4.9 cases, or 20.4 per cent. At the Emigrant Hospitals, in the neighborhood of this city, between the 13th and 28th of June, 1420 cases, all of fever, were admitted—the deaths during the same period numbering 331, affording a greater ratio of mortality, the rate being 1 to every 4.2 cases, or 23.8 per cent. We have not been enabled to arrive at any satisfactory conclusion with reference to the Marine Hospital at Quebec, no return having been made at the Provincial Secretary's Office anteriorly to the 20th of June. We are enabled to speak more positively and with greater certainty, with reference to the Montreal General Hospital. From the 28th May to the 28th June, 298 sick emigrants were admitted. Of these 143 were cases of typhus, 18 were cases of diarrhœa, and 97 of common continued fever. The mortality among the typhus cases, every one of which was of the petechial type, was 1 to 4.9, or 20.4 per cent. Of the cases of simple continued fever and diarrhœa, one only, respectively, died ; while estimating the mortality upon the general number of admissions, as we have done in the other institutions, we find it to have been for the same period, 1 to every 7.7 cases, or 12.9 per cent., the total admissions having been 324, and the deaths 42.

The return of the Montreal General Hospital may be assumed as a fair criterion of the average mortality of the ship fever, even under its most favorable chances of treatment, and portrays its malignant character, and its fatality, in a manner which cannot be misinterpreted.—*British American Journal of Medical Sciences.*

## THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, JULY 21, 1847.

*Proceedings of the National Medical Convention.*—Perhaps an earlier notice of the publication of the transactions of the great Medical Convention held in New York, in May, 1846, and in the city of Philadelphia, in May, 1847, should have been given. But it has so happened that pamphlets, &c., have rapidly accumulated of late, at the very time when the oppressive heat of July, and the demands of every-day business, conspire to make reading an unwelcome drudgery. The proceedings of this Convention, as published, fill an octavo pamphlet of 175 pages, comprising all the reports, complete lists of delegates and officers of the Institution, &c.

The profession, throughout the States, did not at first enter very cordially into the proposed plan of a general Convention, but since the project has succeeded, and the expectations of the projectors are likely to be realized,



the National Medical Association bids fair to become the most popular scientific institution in the country.

Having on several occasions spoken of the Convention, and adverted to the happy influences which are expected to flow from it, it is hardly necessary now to do more than copy the following list of officers and committees, which, though occupying much space, we believe our readers will be pleased to see in the Journal.

*President*—Nathaniel Chapman, M.D., of Pennsylvania.

*Vice Presidents*—Jonathan Knight, M.D., Conn; Alexander H. Stevens, M.D., N. Y.; James Moultrie, M.D., S. C.; A. H. Buchanan, M.D., Tenn.

*Secretaries*—Alfred Stillé, M.D., Philadelphia; J. R. W. Dunbar, M.D., Baltimore.

*Treasurer*—Isaac Hays, M.D., Philadelphia.

Standing committees, to report at the meeting in Baltimore on the first Tuesday in May, 1848:

*Committee of Arrangements*.—Dr. G. C. M. Roberts, Balt., *Chairman*; Drs. A. C. Robinson, Wm. Power, J. H. Briscoe, W. T. Leonard, J. R. W. Dunbar, C. Bell Gibson, all of Baltimore.

*Committee on Medical Sciences*.—Dr. S. Henry Dickson, S. C., *Chairman*; Drs. J. P. Jervey, Wm. T. Wragg, S. C.; Robert Bridges, Phila.; Wm. Power, Balt.; J. W. Francis and T. Romeyn Beck, New York.

*Committee on Practical Medicine*.—Dr. Joseph M. Smith, N. Y., *Chairman*; Drs. René La Roche, Phila.; J. B. Beck, N. Y.; John Harrison, La.; Isaac Wood, N. Y.; H. M. Bullitt, St. Louis, Mo.; G. S. Camman, N. Y.

*Committee on Surgery*.—Dr. George W. Norris, Phila., *Chairman*; Drs. Isaac Parish and J. Randolph, Phila.; John Watson, N. Y.; H. H. McGuire, Petersburg, Va.; A. L. Peirson, Salem, Mass.; C. Bell Gibson, Baltimore.

*Committee on Obstetrics*.—Dr. Harvey Lindsly, D. C., *Chairman*; Drs. G. C. M. Roberts, Balt.; W. Channing, Boston; J. Riley, D. C.; C. R. Gilman, N. Y.; R. W. Haxall, Richmond, Va.; S. Annan, Lexington, Ky.

*Committee on Medical Literature*.—Dr. Oliver Wendell Holmes, Boston, *Chairman*; Drs. E. Hale, Boston; G. C. Shattuck, Jr., do.; D. Drake, Louisville, Ky.; John Bell, Philadelphia; Austin Flint, Buffalo; W. Selden, Norfolk, Va.

*Committee of Medical Education*.—Dr. Alexander H. Stevens, N. Y., *Chairman*; Drs. Amos Twitchell, Keene, N. H.; R. D. Arnold, Savannah; B. R. Wellford, Fredericksburg, Va.; F. Campbell Stewart, N. Y.; Arnold Naudain, Philadelphia; L. P. Bush, Wilmington, Del.

*Committee on Publication*.—Dr. Isaac Hays, Phila., *Chairman*; Drs. Alfred Stillé, Phila.; J. R. W. Dunbar, Balt.; J. V. C. Smith, Boston; Gouverneur Emerson, Phila.; J. P. Garvin, Ga.; Caspar Morris, Phila.

*Committee on Indigenous Botany, under the Resolution of Dr. N. S. Davis*.—Dr. N. S. Davis, Binghamton, N. Y., *Chairman*; Drs. S. W. Williams, Mass.; Eli Ives, Conn.; Engleman, Mo.; W. A. Cheetham, Tenn.; Jos. Carson, Pa.; Charles Short, Ky.; E. E. Phelps, Vt.; A. Twitchell, N. H.; T. C. Dunn, R. I.; Lyndon H. Smith, N. J.; Jas. Couper, Del.; A. C. Robinson, Md.; Frederick Marx, Va.; J. P. Porcher, S. C.; J. Le Conte, Ga.; Cartwright, Miss.; Carpenter, La.; John M. Bigelow, Lancaster, Ohio; G. Norwood, Ind.; Merryman, Springfield, Ill.; Russell, Detroit, Mich.; J. Riley, D. C.

*Rhode Island Medical Prize Questions.*—Notice has been given by the trustees of the Fiske Fund, that no awards were made on last year's questions or those of the year before. This is rather a reproach to the profession of the State. They propose the following subjects for 1847-48:—

1. *Vis Medicatrix Naturæ*—How far should it be relied on in the treatment of Diseases?

2. *Ship Fever*, so called—Its history, nature, and best mode of treatment.

For the best dissertation on each of these subjects, should an award be made, the Trustees will pay the sum of *fifty dollars*; the award to be announced at the annual meeting of the Rhode Island Medical Society, to be held in Providence on the last Wednesday in June, 1848.

---

*Rhode Island Medical Society.*—At the annual meeting of the Rhode Island Medical Society, held at the State House, Providence, June 30th, the following gentlemen were elected officers for the ensuing year:—Joseph Mauran, M.D., of Providence, *President*. David King, M.D., of Newport, *1st Vice President*. S. Augustus Arnold, M.D., of Providence, *2d Vice President*. C. W. Parsons, M.D., of Providence, *Recording Secretary*. Hiram Allen, M.D., of Woonsocket, *Corresponding Secretary*. Hervey Armington, M.D., of Providence, *Treasurer*.

---

*Medical Society of Delaware.*—At the last meeting, the Proceedings of which are to be found in the Medical News, the following gentlemen were elected as officers:—Dr. Wm. W. Morris, *President*. Dr. E. J. Records, *Vice President*. Dr. Wm. Cummins, *Treasurer*. Dr. W. N. Hamilton, *Secretary*. Drs. Jas. Couper, W. N. Hamilton, Gove Saulsbury, Wm. W. Stewart, *Censors*.

The Society adjourned to meet in the city of Wilmington, on the third Wednesday of October next. A prospect of vigorous action appears in the resolutions of the members, which will be of importance to the medical character of the State.

---

*Importation of Scurvy*—An article in the London Medical Gazette, on the land scurvy, brings to mind that nearly all the immigrant ships we have examined the present season, abound with cases of scurvy. Both men and women are severe sufferers—and this probably results altogether from bad food, a vitiated atmosphere in the hold, and the indolence, and perhaps want of cleanliness, of those in whom it appears. It is also observed that those having swelled ankles, are, for the most part, the first to be attacked with ship fever in this port.

---

*Note from Edward Warren, M.D.* TO THE EDITOR.—Dear Sir,—I would willingly avoid all connection with the question of the discovery of the inhalation of sulphuric ether; but several articles have appeared in your valuable Journal, and in the daily papers, and a pamphlet which I have heard favorably spoken of, has been published, by a gentleman of my name, in support of the claims of Mr. Morton.

Supposing that the absence of the medical title would sufficiently distin-



guish the writer of this pamphlet, I have hitherto kept silent: but now, finding that it has been sent to gentlemen better acquainted with me than with the author, and that I am liable to receive compliments to which I am not entitled; I think it necessary to make it known as publicly as possible that the authorship of this pamphlet does not belong to me, but to a *non-medical* gentleman connected in this business with Mr. Morton.

Having no acquaintance with Mr. M., my sympathies are entirely with my medical friend and fellow student, Dr. Jackson. It can hardly be disputed that his scientific knowledge and assiduity gave rise to the discovery. Upon these scientific attainments, I think Dr. Jackson may safely rest his claim to reputation, without being unduly anxious as to what may be derived from the discovery of ethereal inhalation.

Respectfully yours,

Newton L. Falls, July 15, 1847.

EDW. WARREN.

The writer of the above, a brother of Prof. John C. Warren, of this city, will be recognized as the author of many valuable communications which have at different times appeared in this Journal.

*Medical Miscellany.*—The Board of Health at Vera Cruz recommend that pine apples and water melons, and *all green fruit*, be hereafter forbidden introduction into the city, and immediately destroyed when found.—A correspondent writes that the smallpox has appeared at Ludlow, Vt.—John Shepherd, the last supposed survivor of Braddock's defeat, died near Philadelphia, at the great age of 118 years, 9 months and 17 days.—Ship fever seems to exist in the small country towns as well as on the seaboard. Wherever the Irish immigrants arrive, there the plague spot of typhus immediately shows itself—considerable alarm is manifested, therefore, in the country.—Some curious roots, from Prince Edwards Island, where they are called *sea gaaban* by the Indians, were exhibited at the last meeting of the Liverpool Horticultural Society. It is proposed that these roots, which are said to form good and nourishing food, should be grown instead of potatoes.—The French Government has ordered that scientific men in all departments shall examine microscopically, every fortnight, the growing potatoes in the several districts, with a view to discover if the plant be again tainted, and the cause of the disease, if it should again appear.—A premium of £1000 has been offered by the Royal College of Chemistry, for a discovery by means of which iron, when applied to ordinary purposes, may be rendered as little liable to rust as copper.

TO CORRESPONDENTS.—Communications from Drs. Bethune and Houghton, have been received.

MARRIED.—In Boston, Dr. John Hinckly to Miss A. Stimson.

DIED.—At the Massachusetts General Hospital, Dr. Abner Johnson, of Brewer, Me., 61.—At Seekonk, Mass., Dr. Theophilus Hutchins, 68.—In Providence, of typhoid fever, Dr. E. W. Fletcher.

*Report of Deaths in Boston*—for the week ending July 17th, 63.—Males, 34—females, 29.—Stillborn, 9. Of consumption, 10—typhus fever, 18—scrofula, 1—convulsions, 4—dropsy on the brain, 2—teething, 3—intemperance, 3—delirium tremens, 1—poison, 1—disease of the bowels, 5—influenza, 1—measles, 1—ulcers, 1—infantile, 1—cancer, 1—croup, 2—dropsy, 1—canker, 1—erysipelas, 1—disease of the liver, 1—scarlet fever, 1—marasmus, 1—unknown, 2.

Under 5 years, 21—between 5 and 20 years, 9—between 20 and 40 years, 22—between 40 and 60 years, 6—over 60 years, 5.

*White Indians.*—In the history published in the New Orleans papers of the progress and events of Col. Doniphan's expedition in New Mexico, an account is given of the Sumai Indians, which is interesting to the curious, says the Salem Gazette. These Sumai live in a city containing probably six thousand inhabitants, who support themselves entirely by agriculture. The city is one of the most extraordinary in the world. It is divided into four solid squares, having but two streets crossing its centre at right angles. All the buildings are two stories high, composed of sun-burnt brick. The first story presents a solid wall to the street, and is so constructed that each house joins, until one fourth of the city may be said to be one building. The second stories rise from this vast solid structure, so as to designate each house, leaving room to walk upon the roof of the first story between each building. The inhabitants of Sumai enter the second story of their buildings, by ladders, which they draw up at night, as a defence against any enemy that may be prowling about.

"In this city were seen some 30 Albino Indians, who have, no doubt, given rise to the story that there is living in the Rocky Mountains a tribe of white aborigines. The discovery of this city of the Sumai will afford the most curious speculations among those who have so long searched in vain for a city of Indians who possessed the manners and habits of the Astecs. No doubt, we have here a race living as did that people when Cortez entered Mexico. It is a remarkable fact that the Suminians have, since the Spaniards left the country, refused to have any intercourse with the modern Mexicans, looking upon them as an inferior people. They have also driven from among them the priests and other dignitaries, who formerly had the power over them, and resumed habits and manners of their own; their Great Chief or Governor being the civil and religious head. The country round the city of Sumai is cultivated with a great deal of care, and affords food not only for the inhabitants, but for large flocks of cattle and sheep."

#### BOYLSTON MEDICAL SCHOOL. (Incorporated 1847.)

THE first term of this school, for the year 1847-48, will commence on Tuesday, the 2nd day of September next. During this term, instruction will be given in Anatomy, Chemistry and Obstetrics, by recitations, lectures and demonstrations, and in the general Practice of Medicine. Students, who intend to pass the examination for the degree of M.D., in March next, will receive special attention in every branch. No expense will be spared for the illustration of any department. The facilities of this School, for obtaining an abundant supply of Anatomical Material, cannot be excelled in this State, and the dissecting room, on the plan of Duchatelet, is so arranged as to obviate many of the unpleasant circumstances usually attending the study of Practical Anatomy. The course of Lectures upon Chemistry will be fully illustrated by experiments. Before the commencement of the term, a supply of apparatus is expected from Europe, by which all Obstetric operations may be illustrated.

In common with other Schools, the students of this School will have free admission to the Eye and Ear Infirmary and the Massachusetts General Hospital. The Lectures on Diseases of the Thoracic Organs by Dr. Bowditch will also be free to them. Advantages for the practical study of Pathology will be constant. Such students as desire it may have frequent opportunities for seeing Diseases of the Skin.

JOHN BACON, JR., M.D., Instructor in Inorganic, Organic and Medical Chemistry.

CHARLES E. BUCKINGHAM, M.D., Instructor in Midwifery, and the Diseases of Women and Children.

EDWARD H. CLARKE, M.D., Instructor in Hygiene, Therapeutics, and Materia Medica.

SAMUEL KNEELAND, JR., M.D., Instructor in Anatomy and Physiology.

WM. HENRY THAYER, M.D., Instructor in Pathology, and the Principles and Practice of Medicine.

JOHN B. WALKER, M.D., Instructor in Surgical Anatomy, Surgery, and the Diseases of the Eye and Ear.

For terms, apply to Dr. THAYER, No. 12 Essex Street. By order of the Corporation.

Boston, July 14, 1847.

Jy21—eptN15

F. W. BUCKINGHAM, Secretary.

#### BOYLSTON LABORATORY.

JOHN F. MACY, Manufacturing Chemist, No. 3 Lowell Court, Boston. All the fine chemicals furnished at short notice.

Constantly on hand, Potassæ Iodidum; Ferri Sulphas Purus; Ferri Carbonas Precipitatus; Hydrargyri Iodidum Rubrum; Emplastrum Plumbi; Ferri Iodidi Syrupus.

All articles from this Laboratory are made with great care, from pure materials, and worth the attention of all who wish to dispense pure Medicines.

Boston, July 1, 1847.

July 7—3m



# THE BOSTON MEDICAL AND SURGICAL JOURNAL.

VOL. XXXVI.

WEDNESDAY, JULY 28, 1847.

No. 26.

## TWO CASES OF MALIGNANT OPHTHALMIC DISEASE.

(WITH A LITHOGRAPH.)

By George A. Bethune, M.D., one of the Surgeons of the Mass. Eye and Ear Infirmary.

[Communicated for the Boston Medical and Surgical Journal.]

**CASE I.** *Colloid Tumor of the Orbit.*—May 11, 1847. Mr. J. B. S., 35 years of age, by trade a blacksmith, applied to me for advice under the following circumstances. He stated that his health was generally good. Fifteen years ago he had inflammation in both eyes, which have remained somewhat weak from that time, but he has had no other disease about them till five years ago, when a growth appeared, which commenced at the inside of the globe of the left eye, and grew towards the cornea (pteryx). Two years ago, it began to increase at the inner angle, and to throw the eye outward. He has had no pain in this eye, except on exposure. This eversion is constantly increasing. From its commencement the sight of this eye began to fail, and with it he has now a mere perception of light. For two or three months past he has had occasional "twinges" in *left* eye, and an increasing "blur." On examination, right eye, a membranous pteryx overlaps the cornea at its inner edge. *Left* eye. The globe is pushed forward and outward. A thick vascular pteryx overlaps the cornea, as in the other eye, at its inner edge. Growing from base of pteryx is an elastic tumor which fills the inner commissure of the lids, and which projects more below than above.

On the 12th, the pteryx was removed from the left eye, and the operation was rendered nearly painless by the administration of the ether with the sponge. On the 14th the operation was performed on the right eye. At the earnest request of the patient I first attempted to remove the tumor without interfering with the eyeball, though I had but little hope that this could be accomplished. I soon found this impossible, as the tumor extended deep into the orbit. The attempt, however, by the considerable hemorrhage which ensued, very much embarrassed and prolonged the operation. I now removed the globe, and afterwards the tumor which adhered pretty closely to the bone. The globe was found healthy, with the exception of the pterygium. The tumor, of the size of an English walnut, was found to consist of rather a soft gray substance, made up of large jelly-like granules, and was considered by my friend, Dr. J. B. S. Jackson, to be a true specimen of colloid cancer.

The ether was administered in the first instance with the sponge; but after inhalation for fifteen or twenty minutes, insensibility not occurring, but in its place an hysterical state, the tube was substituted, and complete unconsciousness was produced, which continued during the operation.

June 1st.—He has been doing well since the operation, with the exception of headache, which remained for twenty-four hours after the inhalation. The first dressing was simply of sheet lint dipped in cold water. After a few days, as some discharge came on from the suppurating surface, the lint was spread with prepared lard. The patient describes himself as relieved of the uneasy sensations in the other eye, and generally as feeling better than he had done for months. Discharged.

CASE II. *Melanosis of Globe*.—Mrs. G., aged 43. Says that her health has been generally good till within the last six years. About six years ago, began to have pain at catamenial periods, with menorrhagia and bearing-down pains. For this she took medical advice, and on examination, per vaginam, a polypus uteri was discovered, which three years ago was removed. Four years ago last fall, subsequently to exposure to a current of air from an open window after a shower, she began to have pain, redness, &c., in the right eye, with gradual loss of sight, which, at the end of three months from the first attack, became total. I first saw her on April 22d, 1845. Note was made of her case at that time, which has been unfortunately mislaid. I remember, however, that from the appearance of the eye I at once presumed that it was blind. Of this, the patient was totally unaware, till I directed her to close the other eye. She had some uneasiness in both eyes at that time, which yielded to some simple remedies, and I advised that the blind eye should not be meddled with.

I saw no more of her till the early part of June, when she told me that, in consequence of occasional attacks of pain, she was induced to consult an oculist of this city, who recommended an operation for cataract, to remove the irritation and to improve the appearance of the eye. This was accordingly done, but the operation was followed by severe inflammation, which she says has never entirely subsided. About eight or nine months ago, she perceived a "sore place" in the centre of the ball, and three or four months ago the eye began to project at this point, and this projection has constantly increased from that time. During the winter she has had frequent darting pains through the eye.

None of her family, so far as she knows, are subject to cancer.

Now (June 9th, 1847) the left eye is well, with the exception of occasional "muscæ volitantes." On examination of the right eye, the anterior half of globe is seen to project in an irregular fungous mass, to the distance of half an inch through the lids. In front, of cartilaginous hardness, of a mixed white and red color; behind this, at base, of a mixed red and black color. Still posterior to this, is a mass of the size and shape of half a large duck-shot, which is nearly black, with a livid tint. The remainder of the globe is much injected, but not enlarged. A sanious discharge exudes from the surface. She was admitted to the House, and was ordered simple tepid applications.



14th.—Some pain in eye, with slight erythema of lids. Two leeches to temples.

15th.—Not relieved by leeches. R. Infus. senna comp., c. tr. rhei, now, and pulv. Doveri, gr. x., to-night if pain.

18th.—The inflammation has subsided, but the fungoid protrusion has considerably increased. The operation was performed at 12, M. The ether was inhaled by the sponge. Entire insensibility was produced in a few minutes, which continued throughout the operation, and she did not awake till after being carried down stairs and placed in her bed. She had no subsequent pain, headache, or indeed uneasiness of any kind. The extirpation of the eyeball was accomplished in a few minutes; a stitch was placed at each commissure, and the wound dressed with sheet lint dipped in cold water. In a day or two, as in the other case, the lint was spread with lard, and on the 19th she was discharged with the wound nearly healed.

July 20.—This patient was seen to-day. The wound has wholly healed. She has no uneasiness of any kind about the orbit. Her general health and appearance have improved.

Examination of the eye, after removal, showed the globe to be but little enlarged, except anteriorly as above described. The optic nerve at point of division was spotted black. On division of globe, both hemispheres were found solid, without a trace of the humors remaining. Their place was supplied by an irregular mass, two thirds anteriorly of a dark brown color, and firm; one third posteriorly whitish, having much of the appearance and consistence of cartilage, intermixed, however, with some small dark spots. The sclerotic can be traced for half an inch at the line of division between the two parts, and is there lost, to re-appear imperfectly on the outer part of the eye.

A very beautiful colored drawing was made of the eye, within a few hours after its removal, by Mr. W. H. Tappan, of this city, whom I would recommend as a skilful artist to any gentleman with anatomical specimens which he is desirous to have copied.

The annexed lithograph gives a very good idea of the appearance of the eye after maceration in alcohol.

Both this and the tumor of the orbit are deposited in the cabinet of the Boston Society for Medical Improvement.

*Remarks.*—I am not aware that colloid disease of the orbit has ever been described. This form of cancer is quite rare in any situation. Dr. Walshe alludes to it as especially met with in the stomach, omentum, and other parts of abdomen, which cavity is doubtless its most frequent seat. According to Cruveilhier, its successive or simultaneous development in different organs is rarely observed. If this be the case, there is ground for hoping that the disease may not return in the case I have given above.

It is at least worthy of remark, that, in the above case, some connection, perhaps only of an accidental character, seemed to exist between the colloid disease and the pterygium of the globe. From the base of this growth, as described by the patient, the malignant disease first sprung. In this he may possibly have been deceived, and the latent

affection in the orbit may have led to the disease of the conjunctiva. The existence of a pteryx on the other eye, which has hitherto remained without any sign of malignant disease, can hardly be considered as especially in favor of either supposition.\*

In the second case, melanosis of the globe, the morbid phenomena date back to a period of four years, and were exceedingly insidious in their earlier development. Till I saw her, the affection of the eye had never been considered as of a serious character, and though I advised that nothing should be attempted with a view to restore the sight, I certainly had no suspicion of the real changes that were then taking place. Melanosis of the eye, though very well known to European surgeons, is by no means a frequent disease. Out of some fifteen thousand cases of eye disease which have been seen at the Infirmary within the last twenty-three years, this is only the second case of melanosis, so far as I can find out, which has been observed. In the other the eye was removed more than two and a half years since, by my colleague, Dr. Hooper. The patient, a female, is still living, or was till very lately, but the disease has returned in the adjoining parts. Melanosis is said by Cruveilhier to be characterized by a tendency to attack several organs simultaneously. In neither of these instances was there evidence of any similar affection of other parts of the body.

The appearance of the disease at the point of section of the optic nerve shows that it had already penetrated further, and renders it but too probable that it must again develop itself. It is a sober question for the surgeon to answer to himself, as well as to his patient, with regard to the propriety of an operation, when such a disease is presented. Dr. Walshe, in his late treatise on cancer (under which, however, he does not include melanosis, though it is ranked under that head by other pathologists), after a series of propositions, deduced from numerical analyses, concludes, that, as a general rule, cancerous growths should not be interfered with by the knife. He has undoubtedly given very strong reasons for the conclusion that but a faint hope of permanent cure can be held out. But I think that had Dr. Walshe been a practical surgeon, instead of a very excellent writer on cancer, he would have expressed this opinion with more reserve. The patient comes to us to get rid of a diseased mass which does not merely threaten his life, but is often a cause not only of pain to himself, but of disgust to all with whom he is brought in contact. Its removal restores him, for a time at least, to usefulness and the comforts of society. If we also consider, what is well known to most practical men, that patients are seldom satisfied to die without an attempt to arrest the ravages of disease, and that this frequently carries them into the hands of unprincipled and ignorant empirics, to suffer useless tortures, I think we shall feel bound, in cases where a limited part only is apparently involved, not to refuse to operate, if, after a candid statement to the

---

\* A cancerous pterygium has been described by some writers. I have never met with such a variety. Mr. Lawrence thinks that "appearances which have given rise to the description may have arisen from the injudicious use of the stimulant and escharotic applications which have been recommended for pterygia of the common kind."



patient and his friends, the operation is requested. The late introduction of ethereal inhalation, by removing a main cause of terror, furnishes a new argument in favor of this course, at the same time that, by diminishing the shock of the nervous system, it seems to diminish the danger of subsequent unfavorable results.

*Boston, July 21, 1847.*

---

#### THE NATURE AND TREATMENT OF SEA SICKNESS.

By F. Willis Fisher, M.D.

[Communicated for the Boston Medical and Surgical Journal.]

IF we were to judge of a disease from the painful sensations that it causes, rather than from the danger it involves, we should be forced to class sea sickness in the rank of the scourges of humanity. This affection kills no one, but causes those affected by it to suffer severely. Many marine officers have been compelled to give up the life they had chosen, because the habit of navigation could not relieve them from the occurrence of nausea every time the sea became rough and agitated. Some persons have renounced revisiting their country and their families, sooner than expose themselves again to what they suffered from sea sickness on their first voyage. Every scholar knows that Cicero preferred giving his head to the assassins of the triumviri, rather than remain a few moments longer a prey to the pain of sea sickness on the vessel which bore him far from the shores occupied by his enemies. A morbid state, capable of imposing the sacrifice of all that man holds most dear, the sacrifice of ambition, that of the natural affections, and even of life, surely merits the attention of the physician. Upon the nature of sea sickness, and the rational means to employ with the view to avoid and combat it, nothing positive is as yet known; a proof of which lies in the diversity of opinions on this subject. We do not think that the true theory of it has as yet been given.

Nearly all writers have considered the affection in a reverse sense of what is really the case:—for example, in attributing sea sickness to a sanguineous congestion of the brain; or, assigning it a cause in fact incapable of producing it, in referring it to shocks or agitations that are communicated to the intestines by the motion of the vessel. To form an estimate of these two opinions, the experience and theory of M. Pellarin during his service as marine surgeon, seem deserving of attention, as approaching nearer the true cause and theory of this disagreeable affection. The invasion of sea sickness, far from being accompanied by the ordinary symptoms of congestion, a flushed countenance, vascular turgescence, full pulse, sensation of heat and tension in the cranium, throbbing of the temporal arteries, the eyes brilliant and injected, &c., is rather characterized by the opposite state—a paleness of the face and hands, a retreat of the blood from the surface, a depressed pulse, general hyposthemia, a dull, glassy eye when the affection is at its highest point. M. Pellarin has never observed any of the accidents of cerebral hyperemia in individuals affected by sea sickness. If during great efforts

of vomiting, the blood flows to the head for the moment and colors the face, it is only the instantaneous result of these efforts; the paleness soon reappears, with all the other characters of the anæmic state, just as it happens when one is under the influence of tartar emetic, taken in such a dose as to produce vomiting.

Another consideration, which ought still more to remove the idea of the sanguineous cerebral congestion, is that one suffers less when lying down, than when standing; and less still, if, instead of remaining simply in a horizontal position, he has his head lower than the rest of the body.

As to the explanation which would make this affection to depend upon the shocks impressed upon the intestinal mass, this resists examination no better than the first. The trotting of a horse shakes the bowels much more than the pitching and rolling motion of a vessel, yet it never causes anything that resembles sea sickness. Sickness from riding in a carriage is of the same nature as the last; it is like the disagreeable sensations caused to some persons by swinging. This sickness is sooner felt in a carriage suspended with springs, than in a hard jolting cart, which shakes the organs much more than an easy carriage. One may make upon himself the experiment of the mechanical shock impressed on the intestinal mass, by agitating the floating portion of the abdominal viscera with his hands, by giving them successive impulsions, either from below upwards, or in any other direction, and he can never cause by these manœuvres anything analogous to sea sickness. Compression, a kind of kneading of the stomach when distended by food, may sometimes cause the expulsion of a portion of its contents, but it does not resemble that strange uneasiness and profound prostration which characterize sea sickness.

The other explanations ordinarily given for sea sickness—such as the sanguineous congestion of the brain, the shaking of the abdominal viscera; that this affection has a cause altogether nervous, depending principally upon the nerves that excite the epigastric and abdominal viscera, &c., throw no light on the question.

M. Jobard, of Brussels, without doubt has reason in saying that the essential cause of sea sickness is purely mechanical. However, he goes too far when he adds that the odor of the vessel does not the least contribute to excite it. Although this state of uneasiness may be caused by the movements of the vessel, yet it is not less true, that whatever excites repugnance, the odor of the tarry materials, the emanations that come from the hold and other low parts of the vessel, the sight of persons vomiting, all these impressions second the nauseous influence of the mechanical cause of sea sickness, and tend to produce it, from sympathy. Moreover, the proofs that sea sickness depends essentially upon the motions of rolling and pitching, are so evident that it is not worth the trouble to cite them. The nausea arises under the influence of these movements, and is generally proportioned to their extent and quickness. It is felt less in the centre of the ship, near the foot of the mainmast, because the double motion is less there than at the edge, especially at the extremities where the pitching is most considerable. In a hammock or frame suspended so as to have as little friction as possible, which rests



always in the direction of the perpendicular, and consequently not subject to the different inclinations of the vessel, one nearly escapes being sick. The production of vertigo and nausea which precedes the vomiting, may in part be imputed to the impressions resulting from the sight of objects which appear to rise and fall alternately in relation with the vessel. Regarding the horizon continually oscillating and moving, or the steerage of the vessel, or the water that seems to fly along its sides, is sometimes sufficient to determine the crisis of sea sickness. From this follows the opinion that it is especially by the eyes that sea sickness affects the economy. Nevertheless, as some have pretended, the visual impression is not the essential cause of the nausea, for it is equally experienced in obscurity of night, and by blind persons.

M. Pellarin has not remarked so striking a difference as M. Jobard, and many others, between the influences of rising and falling, and he affirms that when one is forward, the crisis of the nausea takes place at the moment this extremity rises. Whatsoever it may be, M. P. is disposed to admit what a marine officer recently told him. It is in the rising motion or ascension that the nausea commences, but it is in that of descending that the nausea is exasperated and acquires all its intensity. The following is the theory of M. Pellarin. Sea sickness ought to be attributed to the trouble caused in the circulation of the blood by the alternate movements of inclination that the ship undergoes; either lateral, rolling; or antero-posterior, pitching. This trouble has for a result, not to congest the brain, as Wollaston pretends, but, on the contrary, to deprive it of a sufficient quantity of blood for the normal stimulation of the nervous centre. That which is experienced in sea sickness is in fact analogous to what often happens in arresting the flow of blood in persons who are bled while sitting or standing, and who at the time they faint are taken with a disposition to vomit, and really do vomit. M. P. does not deny that by reason of the general diminution of the circulation there may be a stagnation of the venous blood in the cerebral sinuses, but it is especially in the want of a sufficient excitation of the nervous centres by the arterial blood that the primordial phenomenon of sea sickness seems to consist. Observe a person seized by sea sickness; his face becomes pale, his extremities cold, his nails turn blue as at the debut of intermittent fever. What he experiences resembles much the effects produced by the smoking of the pipe or the cigar, on persons who are not accustomed to smoke. The pulse becomes small, and there is an extreme prostration of the intellectual and physical faculties. There is a hyposthenic influence in both cases, by the narcotic action of the tobacco in one case; by the diminution of the circulatory force of the blood in the other. What individuals best resist sea sickness? Very young children, those who are at the breast, in whom the heart is relatively more voluminous, and the circulation more active than in adults, are not sensibly incommoded by the affection. Without being wholly exempt, animals experience it less than men, because with them the brain is nearly in the same horizontal plane as the heart, and it is not rare to see the poultry in their first voyage, present nearly all the signs of this affection, almost to vomiting,

when the sea is rough. Among the adult passengers, those who take the least exercise, and who go on deck in the breeze the least, remain the longest under the influence of sea sickness. And among persons equally habituated to sea life, those who by their functions or rank have the least corporeal activity, are more liable to return of nausea than the common sailor who works the vessel, who mounts the masts and yards, and is exposed to more tedious movements than those on deck. Dulness of spirits and lassitude, a cold drizzling rain that cools the skin, and diminishes the circulation, are predisposing causes. Towards the close of sea sickness, when the nausea and vomiting begin to leave some respite, one is inclined to somnolence, as after hemorrhages. Is it not by a sedation of the same kind that infants are quieted and put to sleep by rocking them? In fine, M. P. concludes that whatever raises the force and accelerates the rhythm of the circulation, prevents or diminishes the liability to this affection. Strong and frequent respirations act thus, according to the testimony of M. Arago, who warded off sea sickness until the fatigue of the respiratory muscles obliged him to renounce this prophylactic means. M. Jobard and many others have recommended a girdle which compresses the abdomen at the base of the chest. This in truth alleviates, but not because it confines the intestines, but because it contributes to push the blood towards the brain. It acts in the same manner as a person lying down with the head low, a position that is sufficient to dissipate the nausea of persons affected by syncope, or that after bloodletting, which state presents a striking analogy to sea sickness. Moreover, a proof that compression of the chest and abdomen is not a sovereign remedy, is, that corsets do not prevent women from being affected by it. In these two comparative states (hypothymic nausea, after bloodletting, and maritime nausea), the impression of a sharp breeze is equally favorable, and the first symptoms have been sometimes overcome by going on deck, and receiving the direct action of a brisk current of air. To verify the theory of M. Pellarin, if those who are placed in circumstances that cause sea sickness should have large cuppings from the lower limbs, they would experience the first attacks sooner, as in this case there would be two concurring causes to deprive the brain of the normal afflux of blood that it ordinarily received. Another mode of verification that M. P. has not employed, is auscultation applied to the large vessels of the neck; we are inclined to think that the *bruit de soufflet* ought to be heard in individuals who are affected by sea sickness, as well as with chlorosis.

M. P. recognizes an analogy between the nausea produced by the motions of a vessel, and the nausea and vomiting of women during the first months of pregnancy; that is, at an epoch when the womb becomes the centre of a sanguineous afflux, and consequently diverts from the brain a portion of the vivifying liquid that it received. Many women have declared that nothing resembled more the nausea of the commencement of their pregnancy than that they experienced the first few days at sea. Another circumstance which strengthens this theory is, that generally pregnant women are rarely taken with vomiting while they remain in bed, and, on the contrary, often so taken, when they change the horizontal to an up-



right position. Why are women more nervous? why have they odd tastes and irresistible desires, during the period of pregnancy? Is it not because the nervous system is at this time less supplied with blood, and that the blood, as every one knows, is the moderator of the nerves. A similar cause produces the greatest susceptibility among women during the menstrual period. To cite an example—a lady, who had never been sea sick during many voyages, experienced it severely in crossing the English Channel when she had one of her periodic evacuations.

To resume the conclusions. First, the sickness produced by the sea, by riding in carriages, by swinging, are all phenomena of the same nature, determined essentially by the influence exercised on the circulatory march of the blood in the movements that the body undergoes under these different circumstances. Second, this influence has its principal effect in diminishing the ascending force of the excitory liquid in the aorta and the arteries branching from it; from this results a hyposthenic state of the brain by anemia or hypohemia. Third, the insufficient excitation of the cerebral organ determines, by sympathy, spasmodic contractions of the diaphragm, vomitings—which have a particular tendency to reconvey the blood which is wanting towards the nervous centre. These efforts are a crisis which takes place in a conservative end. They manifest themselves not only in sea sickness, but in many other circumstances where the brain becomes suddenly deprived of its normal supply of blood; for example, in persons not affected by phlegmasia who are bled.

*Treatment.*—There are two orders of means to be employed. The first consists in removing one's self as much as possible from the cause, i. e., from the motions of the vessel, in remaining in a recumbent position, in a hammock suspended without sensible friction at its points of attachment. The second has for an end to combat the effects of the cause on the organism. It acts especially to this end in stimulating the circulatory function by all the agents susceptible of increasing its energy. Thus, a tonic regimen, active corporeal exercise for some days preceding embarkation. At sea, if the weather permits, one ought to keep on deck, in the breeze, make large inspirations, walk quickly and until he perspires or is fatigued; or, better still, to engage in some hard exercise, even with the sailors in working the vessel. Hard work, that which requires great muscular effort, is the surest prophylactic against sea sickness. The girdle has also its advantages in contributing to force the blood towards the head, and perhaps in seconding the contractile force of the heart. Before the manifestation of the nausea, warm and exciting drinks are favorable. Thus coffee, tea, with the addition of a little brandy, may give a greater disposition to resist it, in stimulating the circulation and maintaining a diaphoretic state of the skin. Among the medicines, those which have an analogous effect on the economy may be administered with advantage, such as opium, saffron, acetate of ammonia, &c. When the sickness is declared, recourse is only to be had in the palliatives: lemons, exciting aromatics, relieve some persons; also the horizontal position, especially with the head low, in a hammock or bed suspended like a compass. But if one wishes to shorten the duration of the nau-

seous influence of the sea and diminish the tribute he must pay to a nautical acclimation, he must struggle with all his energy against the tendency to inaction.

*Therapeutic employment of sea sickness.*—A cause which determines in the economy so great a commotion as sea sickness, without leaving any unhappy consequences, as a therapeutic agent merits more attention than has been given it. M. Pellarin thinks that it may be possible to obtain from it valuable results in many acute and chronic affections. This observation was familiar to the ancients. We read in Pliny, "Vomitings, produced by the motion of a vessel, act as a salutary remedy in many diseases of the head, eyes, chest, and in all affections for which hellebore is given." In more modern times, Esquirol and Blanche have judiciously advised its employment in cases of recent mania. But in the few attempts that have been made, there has happened, what might have been easily foreseen, from the true theory of maritime nausea, that the maniacs, highly excited, have not been affected by sea sickness, whilst the physicians who accompanied them have been a prey to it during the whole voyage. From the knowledge already acquired of the nature and etiology of sea sickness, there seems nothing in the way to second, to aggravate voluntarily its influence in a curative end. Even an apparatus might be made to produce all the effects of rolling and pitching, without the necessity of a sea voyage. By reason of the powerful sedative and hyposthenic influence of sea sickness, may we not draw from its employment the greatest advantages, not only in acute cerebral affections, but also in certain pneumonias, pleurisies, and, finally, in a great number of inflammatory diseases?

*Paris, June, 1847.*

#### CASE OF DELIRIUM TREMENS TREATED BY INHALATION OF ETHER.

By J. B. Upham, M.D., Boston.

[Communicated for the Boston Medical and Surgical Journal.]

**WILLIAM PERRY**, an Irishman, 48 years of age, is of sanguine temperament, strong and robust frame, and has generally enjoyed firm health. He is a hostler by occupation, and has been a man of intemperate habits for many years. On Monday, July 12th, was committed to House of Correction, having for several days previously been drinking very freely, according to his own statement. On the same day he presented himself to the hospital as an out-patient, for treatment of chronic ulcer on the leg. At that time he showed no indications of delirium tremens, with the exception of slight tremors, manifested, particularly, about the hands. Towards evening grew wild and uneasy; tremors increased and became general. Slept but little during the night, and was found **next** morning in a state of high excitement, with tongue thickly coated, pupils dilated, lids tremulous, muscles universally agitated, pacing his cell, talking incessantly, and raving incoherently.



During the following twenty-four hours the patient showed all the usual symptoms of delirium tremens in a marked degree. He slept none, but walked the floor without intermission, talked disconnectedly, and, as is usual in like cases, busied himself in the performance of imaginary tasks. He was constantly pressing against the walls of his cell, or endeavoring, with the fancied assistance of horses, to remove the iron door. Meanwhile, if questioned, he would answer to the best of his ability, and obey directions with alacrity for the moment, but immediately relapsed into his previous state of delirium. This, at times, assumed a violent form, so that it was deemed necessary to take away his bed and all other moveable articles within his reach, and keep attendants by him day and night to protect him from injury.

For the succeeding forty-eight hours, this state of things continued with but little variation, all the grave symptoms increasing in severity.

The usual treatment having failed, and large and repeated doses of morphia proving utterly powerless to produce sleep, the patient was found on Friday morning still in a state of wakefulness and high delirium, but so much exhausted as to make it a matter of the highest moment to induce sleep immediately. In this condition it was thought expedient, as a last resort, to make trial of ethereal inhalation—and the ether was accordingly administered by the sponge.

The patient was very refractory, and required to be held by assistants, in the meanwhile struggling, raving and cursing. After inhaling the vapor for the space of ten or twelve minutes, he appeared quiet, and was thought to be fully under the ethereal influence; but upon the removal of the sponge he sprang up and commenced raving anew. The process was repeated, and continued for ten minutes more, at the end of which time the patient was brought fairly under the desired influence, and fell asleep. From this state of *artificial sleep* he passed, *without waking*, into a quiet, deep, and untroubled slumber, which continued, *without intermission*, for four and a half hours.

He was seen several times during the continuance of this sleep, and within a few minutes after he awoke. He then appeared perfectly rational, called for cold water, and asked to have his leg dressed (he had bruised it badly during the delirium). In the course of half an hour he fell again (as was anticipated) into a quiet sleep, which continued, with few intermissions, during the afternoon and night.

This morning (Saturday) he appears perfectly rational and well, though weak. Has no recollection of anything that has happened, from night-fall on Monday to the time of his first waking on Friday afternoon.

*Query.*—Would the ether have brought about the same result in an earlier stage of the disease, before exhaustion supervened? If not, would a repetition of the same have been more effectual?

## IMPERFORATE ANUS.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—I was called on the 20th of last month to see an infant child, who, the messenger said, “seemed to have no passage from the bowels.” The child was some eight or ten hours old, the mother having been attended during her confinement by a midwife, there being no physician within some eight miles of her residence. With the following exceptions the appearances of the child were healthful. The lower extremities were not well developed, and the cuticle was wanting in considerably large portions, while in other parts it appeared dry and horny. The spine also terminated from two to four inches higher up than natural; the sacral portion of it, if no more, being wanting. The *raphe* along the perineum extended only a short distance back of the scrotum, and there was no appearance of the anus. I came to the conclusion, that from the external appearance of the child, there was malformation of the pelvic viscera, or that some portions were wanting, and did not therefore attempt the operation for artificial anus. A few hours after I left, the child commenced voiding meconium per urethra, and continued to do so till death, which occurred forty-eight hours from its birth.

*Post-mortem Examination.*—I found, on examination, a termination of the rectum into the neck of the bladder, by a very small opening, barely sufficient to admit an ordinary-sized probe. The rectum, besides the opening already described, terminated against the lower lumbar vertebra.

I do not know that the above case is of any practical importance, but, as a case of *lusus naturæ*, it is interesting, and as a humble member I wish to give it to the medical profession.

I wish to say, not because we are glad it is true, that we have plenty of empiricism here, down East; such as Thomsonism, which, however, has had its *run* and is *becoming* obsolete; and, shall I say, hydropathy? We have a “cold-water cure,” so called, in this place, headed by Dr. E. A. Kittredge, formerly of Lynn, Mass. Will you, Mr. Editor, give us your views, and, if you please, those of some of your correspondents, upon hydropathy.

LEWIS W. HOUGHTON.

Waterford, Oxford Co., Me., July 8th, 1847.

## DR. JACKSON'S REVIEW OF DR. GAY'S STATEMENT, &amp;c.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—I had at first thought that the “twice-told tale,” in a late No. of your Journal, under the imposing name of J. B. S. Jackson, M.D., required some notice from me; but, on a re-perusal of the paper in question, I felt a degree of commiseration for the learned and distinguished individual who had the misfortune to give such a production, on a great scientific matter, to the public, and will forbear. Had Dr. J. seen my review of Dr. Gay's pamphlet, which he so much admires, and the statements of which he but recapitulates, I trust he never would have suffered



his "review" to see the light, as, it seems to me, I have shown the falsity and unsoundness of the very positions on which he and Dr. Gay rest the cause of their principal, Dr. C. T. Jackson. And as I have fully anticipated the arguments of Dr. Jackson, I will leave his review, merely saying that, common courtesy ought to have prevented him from applying to me the epithet, "Mr. Morton's agent," reminding him that courtesy begets courtesy. He knows, or ought to, that if I am Dr. Morton's agent, Dr. Gay is the *agent*, and he but the *sub-agent*, of Dr. Jackson—the one in the defence of truth, the others of error!

But while writing, with your permission I wish to allude to a point or two in this controversy. Many people cannot understand, or have never heard, why the name of Charles T. Jackson was used in the letters patent. But the solution is easy. Dr. Morton was made to believe, by the solicitor consulted—who happened to be Dr. Jackson's intimate friend, and who had heard but one side of the question—that he (Dr. M.) could not take out letters *in his own name and alone*. This was soon after the discovery was made, when but comparatively little was thought of it, and was done in haste, as Dr. Jackson admits, without fully weighing the matter. But on learning the true state of the case, the solicitor consulted has made all the amends expected of an honorable man, by saying that if, at that time, he had been in possession of all the facts, he would never have advised Dr. Morton to admit Dr. J.'s name into the letters patent. Acting under misapprehension as he did, and Dr. M. being governed by incorrect, though honest, advice, the reason of such a union is obvious.

I am much pleased with a communication in a recent No. of your Journal, signed "J. B." It seems to be a fair and impartial statement of the matter in controversy. Although gratified with the whole article, I was particularly pleased with the principles laid down, on which the honor of other great discoveries has been awarded, and which must govern the public mind in regard to this. And, acting on these principles, the only ones heretofore recognized by the world in determining the rights of discoverers, "J. B."—understood to be Jacob Bigelow, M.D.—has, it seems to me, conferred all the honor in the case in question, upon Dr. Morton. I will let this distinguished writer, however, speak for himself. He states the case thus:—"Several Portuguese navigators *suggested* that there was undoubtedly a western continent, and Columbus *discovered* that there really was one. Jonathan Hull, in 1736, made a *theoretical* steamboat on paper, and seventy years afterwards Robert Fulton made a *practical* one on the Hudson. The milkers in Gloucestershire *discovered* that their sore fingers, contracted in milking cows, prevented them from having the smallpox, and *suggested* this mode of prevention to Dr. Jenner, who at that time knew no more about vaccination than Dr. Morton did about ether." These are the principles, or rather this is the great principle, which has governed, and which cannot fail—even to gratify Dr. Morton's enemies—to govern the judgment and opinion of the public in its verdict relative to the question in controversy.

In regard to the "bond" given by Dr. Morton to Dr. Jackson, for

the payment of the ten *per centum*, I have a word to offer, and will close. Dr. Gay says Dr. J. "has received no pecuniary advantage from this patent, and he has determined that he never will receive any" (!) A very wise determination, after he knew Dr. M. had lost several thousand dollars, and is now thoroughly embarrassed by the discovery. But what was Dr. J.'s "determination," when he supposed Dr. Morton was making money by means of "this patent?" On the 28th January Dr. M. received a long communication from Dr. J.'s attorneys, Francis B. Hayes and Charles G. Loring, Esqs., appealing to Dr. M.'s sympathies and feelings, and, after stating the case of their client at length, finally say—"Under the present circumstances of the case, we think that the least that in justice to yourself and Dr. Jackson you can offer, is *twenty-five per cent. of the profits* arising from the invention, both at home and abroad, in settlement of his claims upon you. Our community are, as you are aware, much interested in the subject; and, so far as our observation extended, there was a general feeling of indignation expressed by the public when it was rumored that Dr. Jackson was to receive but ten per cent. of the profits of the discovery." And in conclusion, they say:—"We hope you will see, by our suggestions, that we wish *only* to have a *fair distribution of the profits* of a discovery made among those who cannot, *if they disagree*, effectually sustain the patent, and which, if sustained, promises to give all parties large sums of money for their united co-operation."

Now I appeal to the public, whether these extracts look like a willingness to give the discovery free to the world. Dr. J. and his friends have much to say about his disinterestedness in destroying the "bond" and resolving to receive nothing from the patent. If so disinterested, let him help Dr. Morton out of his embarrassments, inasmuch as he was to be benefited in case of success. "*Twenty-five per cent.*," or even "ten per cent.," would now be of great service. But Dr. J.'s readiness to bestow this discovery upon the public, reminds me of a personage spoken of in the New Testament, who offered, on certain easy conditions, to give away all the kingdoms of the earth! On this subject Dr. Gay further laconically says of Dr. J., "he has destroyed the bond." This occurred as follows:—On the morning of the anniversary of the Massachusetts Medical Society, Dr. Martin Gay called at Dr. Morton's office, and asking for pen and ink, erased the names to the bond, Dr. M. not having time to assent to, or dissent from, the transaction. It was all done in a moment, Dr. G. bringing a young gentleman with him, I suppose as witness. At the medical dinner the same day, Dr. Jackson, in speaking of "his discovery," his claims, disinterestedness, &c., alluded to this transaction, saying, in substance, that he had not received anything under the patent, that he did not expect or wish to, and that he had "destroyed the bond." The public will now understand the measure of Dr. J.'s disinterestedness in voluntarily rescinding this famous bond, after he, by his attorneys, had threatened Dr. M., appealing to his sympathies, his fears, and after bringing up every consideration to procure the "twenty-five per cent.." In due time I shall submit this whole document, which



will show very clearly how little anxious Dr. J. and his friends were for the emoluments arising from "his discovery." EDWARD WARREN.

*Boston, July 23, 1847.*

### EXTRAORDINARY ENLARGEMENT OF THE HEAD.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—The following case is at your service, if it possesses sufficient interest to find a place in the Journal. It was brought to mind by reading the case reported by S. B., Jr., in the Journal of June 30th, and although not exactly a congenital case, the admeasurements may render it a matter of curiosity at least.

I saw the child about a year since. It was then a little more than a year old. At its birth the head was not particularly enlarged, but a tumor, of the character of spina bifida, existed at the junction of the occipital with the mastoid portion of the temporal bone, about the size of a butternut. The head gradually increased in size from the time of the child's birth; and when I saw it, the measurements were as follows:—The largest circumference above the ears, thirty-four inches; from the base of the frontal to the base of the occipital bone, across the top of the head, thirty-two inches; from one ear to the other, twenty-nine inches; from the top of the shoulder to the level of the top of the head, ten inches; from the external angle of the eye to the external meatus auditorius, three inches; length of the arm, ten inches; from the top of the shoulder to the toe, nineteen inches. The face was small and in proportion to the body of the child.

So far as could be judged, the intellect of the child was perfect. The child lived for some six months after this, but whether the head continued to enlarge I do not know, as I did not again see it.

*Greene, N. Y., July 7, 1847.*

A. WILLARD.

### THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, JULY 28, 1847.

*Tetanus.*—An interesting paper on the treatment of this disease, by Dr. Brooks, of Bernardston, was inserted in No. 22 of this volume of the Journal. The very frequent unsatisfactory results of treatment in this affection were alluded to by Dr. B., and reports of the experience of others solicited. To show that lock-jaw is of the same intractable nature in other countries, as well as to present a case of its occurrence from an unusual cause, the following extract from the proceedings of the Royal Medical and Chirurgical Society of London, at a meeting held May 11th, is copied. The case was reported by George Pollock, F.R.C.S. Some discussion among the

members followed its reading, but nothing of practical importance was elicited.

"J. S——, aged 33, was admitted into St. George's Hospital, under Mr. Keate, on the 10th of January, 1847. He had that morning received a cut from a gig whip on the left eye, which lacerated the cornea, dividing it through its entire thickness, and extending obliquely across from one margin nearly to the other. The aqueous humor had escaped, but there was no prolapsus iridis, and but little pain or chemosis. Goulard's lotion was applied, and an antimonial and aperient saline ordered every six hours. On the following day the lids were distended and tense, and there was great chemosis, the conjunctiva almost hiding the cornea; the pain also was great in the globe and forehead. Six leeches were ordered to the left temple, and warm fomentation. The above symptoms were still further aggravated on the following day, when several punctures were made in the upper lid, which afforded immediate relief. On the third day the leeches were repeated, and three grains of calomel, and half a grain of opium, was ordered twice in the day. On the sixth day, the visible portion of the cornea was cloudy; and on the seventh there was purulent discharge from the tense and projecting globe. On the evening of the same day, the muscles of the face on the right side appeared contracted, and the patient complained of stiffness about the jaws. On the ninth day, trismus was fully established, and the hemiplegic condition of the face had become more distinct. He had been blistered and cupped on the previous day. A puncture was made into the projecting globe, and gave exit to some foul pus. General tetanic symptoms subsequently supervened, and he died on the following morning, an ineffectual attempt having been made to affect him with the vapor of ether. On examining the body, the vessels within the cranium seemed to be congested; as were those of the mucous membrane lining the larynx and pharynx. The liver and kidneys were also gorged with blood. The globe of the affected eye was completely disorganized, its different component structures being scarcely at all distinguishable. The author considers the above case interesting from its extreme rarity, as he is unaware of any record existing of a similar lesion producing corresponding results. The apparent paralysis of the face he also regards as an interesting complication, and it was unexplained by the post-mortem examination. The irritation and distress occasioned by the attempt to administer the vapor of ether were such as to forbid perseverance in this endeavor to relieve the patient's frightful sufferings. In the tabular view which the author gives of ten other cases of tetanus admitted into St. George's Hospital since 1841, it appears that only two recovered. Seven of the fatal cases were traumatic, and the symptoms of the disease declared themselves within 3 weeks of the receipt of the injury, with one exception. In four cases the brain was rather congested, and in one there was softening of the spinal cord. The author remarks, that no satisfactory conclusions can be drawn from the treatment of these cases, both opium and Indian hemp having proved uncertain and unsatisfactory remedies."

---

*Elephantiasis Scroti.*—In 1837, Oct. 3, Dr. Picton, of New Orleans, operated upon a negro in that city—excising the scrotum, which weighed 53 pounds. The testes were saved. The man is still alive, in fine health, and as recently as five weeks ago, became the father of a child. Knowing that many gentlemen are solicitous to learn the condition of the patient, if



still in being, we take pleasure in presenting these facts. An operation of the kind, was comparatively new in this country, when Dr. Picton grappled with it,—nor has a case presented since, where the enlargement was so enormous. The successful termination of the case, regarded, as it properly was, in the light of an uncommonly formidable disease, where the chances in favor of the sufferer were any thing but encouraging, gave Dr. Picton a reputation for boldness, accuracy, and surgical skill, which was due to such an effort to save a human being from impending death in an awful form. One of the numbers of the ably conducted New Orleans Medical Journal, contained, a few months since, a history of the circumstances, which is calculated to influence operators in their efforts to stay the progress of maladies, even in their most disheartening aspect. To that publication, therefore, readers are referred for an accurate detail of the appearance of the patient, when the article was written.

---

*Wood's Practice of Medicine.*—We have on a former occasion spoken of the general character of this comprehensive treatise on the practice of medicine, by Dr. George B. Wood, of Philadelphia. We have since looked into the volumes, more in detail, and find no reason for altering the views at first expressed, that the whole production is a meritorious undertaking, alike honorable to the attainments of the author, the institution of which he is a professor, and the country to which they belong. It is not because there is any dearth in the market of such special guides to practice, that we dwell with pleasure on the appearance of Dr. Wood's treatise, for there are many, although there is no surfeit of those on which reliance can be placed. Unfortunately, a large proportion of the medical writers of books have some favorite opinions to inculcate or theories to establish,—and in their efforts to accomplish this, they lose sight of some of the essential points on which the intrinsic value of a hand-book to every-day practice depends. American practitioners are generally so circumstanced, that they cannot sit down to a quiet, uninterrupted study of all the new dispensaries, monographs or therapeutic discussions on the tapis. The books they require must contain the truth, in the smallest compass; and in whatever relates to diseases, their symptoms and treatment must be clearly expressed, without circumlocution. Lastly, the improvements and discoveries of the day must necessarily be incorporated into the text, so that an alphabetical index may guide them to an instantaneous possession of the facts.

Dr. Wood's treatise possesses the advantages of combining all these requisitions. A philosophical physician will have enough to occupy him in Part I., embracing General Pathology and Therapeutics. The first chapter is on constituent forms of disease; diseases of the fluids; of the solids; mechanical and chemical causes; irritation, inflammation, depression, congestion, depression, fever, &c. In Part II. there is ample employment for an analytical mind, beginning with irritative fever and ending at erysipelas. But we have no space for further remarks on this truly valuable work.

---

*Pancoast's Surgery.*—Although an active spirit of hostility was displayed towards this work, soon after its publication, from various sources, it has been sought for with avidity. A gentleman called on us last week, who was extremely anxious to procure a copy, which he said could not be had of the trade in the city of Boston. He pleaded with such earnestness

that he persuaded us to let him take it from our library, till it could be replaced. It is one of the curiosities of literature, that many books that have been condemned by the press on their first appearance, are nevertheless in demand by practical men. The public appetite for treatises which show how certain things are to be accomplished, is never lessened by learned dissertations on their identity. While some few would willingly dispense with all kinds of surgical illustrations, but revel in long details of the best way of applying an eighteen-tailed bandage, the great majority of readers take the idea instantly by a picture of the parts in an operation—the position of the hands, the shape of the instruments, &c.; and however determined any class of writers may be to make illustrated surgical works unpopular, they will always be sustained—will sell, and be appealed to as authority. Men are but children of a larger growth, and they act out the instinctive characteristics of their nature by preferring the easiest road to knowledge.

### New York Correspondence.

*Public Charities of New York.*—The flood of immigrant paupers into New York, almost wholly from Ireland, during the present year, has awakened public attention to the provision made by the civic authorities for the shelter of the poor and the care of the sick, multitudes of whom are now thrown upon our shores. It may be interesting to many of your readers to learn somewhat of these public institutions of charity, and especially of the hospitals, which are now so thronged, by reason of the ship fever with which so many of the foreign immigrants are suffering on their arrival.

There are attached to our Alms House Department—

- 1st. The Bellevue Hospital.
- 2d. The Penitentiary Hospitals.
- 3d. The Nursery Hospital.
- 4th. The New Alms House Hospital.
- 5th. The Lunatic Asylum for paupers.

The first of these is in the city proper, and the rest on Blackwell's Island, in the East River. All of them are supported at the expense of the corporation, and at present filled with patients, who are chargeable to the city as paupers, or prisoners. In addition to these, the State has a Marine Hospital on Staten Island, under the charge of the Health Officer, and is attached to the Quarantine establishment. Into this Hospital the immigrants who arrived between May, 1846, and May, 1847, are provided for, if sick with temporary disease, for one year after their arrival.

In anticipation of the present influx of foreign paupers, by a late law the State has provided a Board of Commissioners of Immigration, with ample funds, who are to take charge of all paupers arriving at the Port of New York from foreign countries, subsequent to May 5th, 1847. This Board have but recently entered upon their duties, and have not matured their plans, but temporary hospital accommodations have been provided by them, which are filled with the sick from ship-board either on Staten Island, Ward's Island, or in private hospitals adjacent to the city. In a short time, however, there can be little doubt that some permanent establishment will be organized of ample extent.

A brief notice of each of these hospitals will hereafter be furnished, so soon as the re-organization of the Medical Police of the Corporation shall



be perfected, upon which the Common Council are at present intently engaged.

For the present, it may suffice to say that no city can exceed New York in the extent of its provision for the poor, and especially for the sick. How far pauperism is encouraged and increased by these and other public charities, is still a mooted question among civilians; and the opinion seems rapidly gaining ground that there should be no other alms house, except hospitals; the sick and the infirm being thus cared for, while the healthy and all able to work should be required to support themselves by labor, in a house of industry if need be, or upon some other adequate plan. It is certain that thousands of whole families have emigrated thither with no other calculation than a reliance that they would all be supported here on their arrival, if well in the Alms House, and if sick in the hospitals. Multitudes of these in good health are found in our alms houses, apparently having no other or higher ambition than to be fed, clothed and nursed at the public expense. Nor can these be driven from our alms houses in any other way than by requiring them to labor, an expedient which, when universally adopted, will empty our alms houses of the well, while the sick will all be cared for in our hospitals. R.

---

*Eclecticism.*—A correspondent in Ohio writes thus :—"I perceive that you allude to an Eclectic Institute in Virginia. I trust you will not confound that affair with our Cincinnati school. I don't know much about it, but regard it as an overt attempt to establish a Thomsonian School under our borrowed name. Several of their nominal faculty have declined the places for which their names were published, as soon as they perceived the character of the concern. I suppose it will be a failure. Eclecticism and Thomsonism cannot amalgamate."

---

*Philadelphia College of Medicine.*—At the first commencement of this new institution, recently held, the degree of M.D. was conferred on 16 gentlemen. Honorary degrees were conferred upon Dr. J. V. Boughner, Mount Morris, Green Co., Pa.; Dr. Edward P. Hale, Washington Co., Pa. The valedictory address was delivered by Dr. James McClintock.

---

TO CORRESPONDENTS.—Prof. March's report of a case of alleged Mal-practice, Dr. Ellsworth on the Ether controversy, two papers by Dr. W. H. Miller, Dr. J. R. Buchanan on the Eclectic Medical Institute, "Paracelsus" on Medical Ethics, and "Claudian's" remarks on Chlorosis, have been received.

---

MARRIED.—At Chicago, Illinois, James V. Z. Blaney, M.D., to Miss C. Butler.

---

DIED.—At Athens, Ohio, Dr. John R. Townsend, formerly of Hebron, Conn., 34—killed by the kick of a horse.—At Brattleboro', Vt., Dr. Wilson, a Scotchman. He was a native of Dunkirk, and completed his education just before he came to this country, in 1818.—In London, Thomas Bevon, M.D., 48.

---

*Report of Deaths in Boston*—for the week ending July 24th, 111.—Males, 63—females, 48.—Stillborn, 7. Of consumption, 11—typhus fever, 33—brain fever, 2—scarlet fever, 1—lung fever, 1—inflammation of the bowels, 5—dropsy on the brain, 6—disease of the bowels, 14—marasmus, 3—croup, 2—measles, 1—infantile, 7—accidental, 2—child-bed, 1—delirium tremens, 1—teething, 2—convulsions, 1—diarrhoea, 1—dropsy on the chest, 1—drinking ice water, 1—dysentery, 3—disease of the heart, 2—old age, 1—debility, 1—cholera infantum, 2—intemperance, 2—ulcers, 1—scrofula, 1—lock-jack, 1—paralysis, 1.

\* Under 5 years, 44—between 5 and 20 years, 12—between 20 and 40 years, 36—between 40 and 60 years, 11—over 60 years, 8.



*The Artesian Well of Charleston, S. C.*—We are happy to announce that our City Council have begun this long desired work, destined, we hope, ere long, to supply us abundantly with pure water. General A. H. Brisbane, well known as a scientific engineer, superintends the work, assisted by Mr. Branch. Mr. F. S. Holmes, who has practically and thoroughly studied the tertiary formations of our low country, makes the geological investigations, and has kindly furnished us with the following condensed statement of the strata which have been penetrated up to this time:—

Total number of feet to June 24th, 70. The alluvial strata were found 21 1-2 feet thick. At 21 feet 6 inches the post-pliocene beds were struck, from which about 42 species of fossil shells were obtained. These beds are 28 feet thick. At 49 feet 5 inches the eocene beds were reached, with their characteristic fossils—i. e. teeth of the *squalidæ*, vertebræ of osseous fishes, and shells of the Ashley and Cooper river beds of eocene marl. At 63 feet 1 inch, hard marl was found. The shaft has penetrated this some 8 or 10 feet. The diameter of the bore is 8 inches.—*Southern Journal of Med. and Pharmacy.*

*Test for Water in Alcohol.*—In no country are physicians more interested in knowing whether the alcohol they use is free from water than in the United States. There are various methods known to almost every one for ascertaining this, but there seems to me none so simple, and few, I am inclined to think, which succeed so well as that of M. Casoria, published in the *Journal of Medical Chemistry*. It is based upon the property possessed by the common hydrated sulphate of copper of losing its color when it becomes dry, and regaining it when again brought in contact with water. Thus, if we place a piece of anhydrous sulphate of copper in a vessel containing the alcohol which it is wished to test, in a short time it becomes blue if the alcohol be mixed with water; whereas if it is absolute, the salt will remain white.—Dr. YANDELL'S *Letters in Western Med. and Surg. Jour.*

#### NATIONAL MEDICAL COLLEGE, WASHINGTON, D. C.

THE annual course of Lectures in this Institution will commence, as usual, on the first Monday in November, and continue until the first of March,

##### FACULTY.

THOMAS MILLER, M.D., Professor of Anatomy.

JOHN M. THOMAS, M.D., Prof. of Physiology and Medical Jurisprudence.

WILLIAM P. JOHNSTON, M.D., Prof. of Obstetrics, and the Diseases of Women and Children.

CHAS. G. PAGE, M.D., and LEONARD D. GALE, M.D., Professors of Chemistry.

JOSHUA RILEY, M.D., Prof. of Materia Medica and Therapeutics.

JOHN FRED. MAY, M.D., Prof. of Surgery.

GRAFTON TYLER, M.D., Prof. of Pathology and Practice of Medicine.

JOHNSON ELIOT, M.D., Demonstrator of Anatomy.

Clinical Lectures delivered and operations performed on patients from the Infirmary, which is attached to the College, and from the public Dispensary.

The rooms of Practical Anatomy will be opened early in October. The fees for a complete course of Lectures will amount to \$90. Demonstrator's ticket, including his recapitulatory Lectures, \$10. Degrees conferred by authority of the Columbian College.

WILLIAM P. JOHNSTON, M.D., *Dean.*

June 30—eoptN1

7th Street, between E and F.

#### NEW HAMPSHIRE MEDICAL INSTITUTION—DARTMOUTH COLLEGE.

THE Fifty-first Annual Course of Lectures will commence on Monday, the 2d of August, 1847, and continue sixteen weeks.

HON. JOEL PARKER, LL.D., Prof. of Medical Jurisprudence.

DIXIE CROSBY, M.D., Prof. of Surgery and Obstetrics, and Diseases of Women and Children.

E. E. PHELPS, M.D., Prof. of Materia Medica and Therapeutics.

O. P. HUBBARD, M.D., Prof. of Chemistry and Pharmacy.

J. ROBY, M.D., Prof. of Theory and Practice of Medicine and Pathological Anatomy.

E. R. PEASLEE, M.D., Prof. of Anatomy and Physiology.

A. S. WARNER, A.B., Demonstrator of Anatomy.

Fees for the Course—payable in advance, \$50. Matriculation, \$5. Graduating expenses, \$18.

Hanover, N.H., June 1, 1847.

June 9—eptA4

E. R. PEASLEE, *Secretary.*











